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Public Health and Welfare Section

BULLETIN

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For Period

1 - 15 June

1950

SECTION

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## SECTION I

### PREVENTIVE MEDICINE

#### Trachoma

The trachoma rate for the first 21 weeks of 1950 was 182.5 per 100,000 population. This is in contrast to the 1949 rate of 171.7 and the 1948 rate of 176.1 per 100,000 population.

The increased incidence during 1950 indicates that proper preventive measures are not being taken or instructions, issued by the Ministry of Welfare not being followed. The last week for which statistics are available (week ending 27 May 1950) 5,786 cases were reported. With the exception of tuberculosis, this was the largest number of cases reported for any disease during that week. Preliminary surveys indicate that approximately 7% of the population may be affected with trachoma.

The Ministry of Welfare has taken active steps to insure that proper materials are available for the treatment of trachoma - particularly have they made available adequate quantities of lanolin and vasoline for use in local treatment preparations.

EI-HATSU No. 340, 22 April 1950, called to the attention of local governors their duties under the "Law for the Prevention of Trachoma" (Law No. 27, 1919). The program outlined in this EI HATSU will be found as Inclosure No. 1. This involves mass examinations as well as investigation of contacts of patients. Properly executed it should uncover many cases. The method of treatment is a matter for the individual physician to decide but the use of sulfa derivatives, particularly in the form of an ointment should be encouraged. It is at the present time the most practical treatment available.

#### Smallpox Vaccinations

The Ministry of Welfare, by the publication of EI HATSU No. 459 of 31 May 1950, subject, "Completion of Administration of Non-regular Vaccinations", has directed governors of all prefectures to complete all vaccinations ordered by Ministry of Welfare Instructions No. 6 of 20 June 1949, and EI HATSU No. 83 of 30 January 1950. A deadline of the end of July has been set. Reports are requested of the total number of vaccinations administered to the end of May 1950, and plans for completion thereafter. Vaccines are to be provided as directed by the Chief of the Biologics Section, Ministry of Welfare.

#### Discontinuation of Report

The monthly report on examination of parasite carriers and on results of removal of parasites previously requested by EI HATSU No. 682 of 27 June 1949, is to be discontinued as of April 1950. Notice of discontinuation was given to governors of prefectures in EI HATSU No. 462 of 2 June 1950.

## SECTION II

### VETERINARY AFFAIRS

#### Enforcement of Food Sanitation Law

The scope of the food sanitation inspection program, at present being emphasized under the new enforcement regulations, has recently been surveyed. In order to systematize the kinds of food establishments for inspectional purposes, the various establishments have been divided into two main classes, namely, Class I, General Foods and Class II, Animal Protein Foods. The classes have been further divided into six groups, each class containing 3 groups. The number of food establishments was compiled by the Ministry of Welfare as of September 1949.

The number of official inspections of each particular kind of establishment per year has already been set forth in instructions distributed to the prefectures by the Ministry of Welfare. The Ministry has further signified that it is



practical to expect 50 inspections by each inspector per week on the average. At the present initial phase of the new inspection and grading system, special emphasis should be placed upon restaurants, ice-candy plants, flavored crushed ice, school lunches and seafood.

### Digest of Survey

#### Class I - General Foods

	<u>Number</u>	<u>Total Inspection Required Yearly</u>
Group I Eating and Drinking Establishments	240,192	2,435,306
Group II Food Distribution Shops	429,377	1,170,397
Group III Food Processing Plants	<u>160,513</u>	<u>927,865</u>
Total (Class I)	830,082	4,533,568

#### Class II - Animal Protein Foods (Veterinary)

Group IV Meat Inspection (Except 650 slaughterhouses)	18,670	112,020
Group V Milk Inspection	71,520	309,864
Group VI Seafood Inspection	<u>74,618</u>	<u>900,984</u>
Total (Class II)	164,808	1,322,868

GRAND TOTAL  
(Legal Requirements) 994,890 5,856,436

### Veterinary Education

The Japanese Veterinary Medical Association has reported that a meeting of its Education Committee was held recently and a resolution adopted for submission to the Ministry of Education recommending increase of veterinary collegiate requirements from four (4) to five (5) years. This action is in accord with suggestions of Public Health and Welfare Section.

The veterinary college year ends in March in Japan, and the numbers of graduates (935) for March 1950 are listed according to colleges.

Obihiro Veterinary College	42
Hokkaido University	8
Morioka Veterinary College	41
Utsunomiya Veterinary College	35
Tokyo University	10
Tokyo Agricultural College	31
Nippon Veterinary College	140
Tokyo Veterinary College	177
Azabu Veterinary College	195
Gifu Agricultural College	49
Osaka Agricultural College	53
Tottori Agricultural College	49
Yamaguchi Agricultural College	37
Miyazaki Agricultural College	36
Kagoshima Agricultural College	<u>39</u>
Total	935

### Weekly Rabies Report

The Veterinary Affairs Section, Ministry of Welfare, submitted the following report on rabies cases occurring during the period 21 May - 3 June 1950.

<u>Prefecture</u>	<u>21 - 27 May</u>	<u>28 - 3 June</u>
Tokyo	8	8
Kanagawa	6	1
Chiba	2	5
Saitama	3	3
	2	



Prefecture	21 - 27 May	28 May - 3 June
Ibaraki	1	0
Gumma	8	10
Tochigi	3	5
Shizuoka	<u>-</u>	<u>2</u>
Total	31	34

Note: Japanese statistics for period 1 January to 3 June 1950 disclose a total of 420 cases of rabies in dogs, 891 humans have reported being bitten by dogs with 25 deaths. For the first time in 1950, Shizuoka prefecture reported 2 cases of rabies in dogs.

#### Weekly Animal Disease Report

The Animal Hygiene Section, Ministry of Agriculture and Forestry, submitted the following outbreaks of animal diseases for the period 27 May to 9 June 1950.

<u>Prefecture</u>	<u>Diseases</u>	<u>No. of Cases</u>	
		<u>27 May - 2 June</u>	<u>3 - 9 June</u>
Miyagi	Swine Encephalomyelitis	-	1
Nagano	" "	-	1
Yamanashi	" "	1	-
Kanagawa	Swine Erysipelas	9	1
Nagano	" "	6	1
Tokyo	" "	1	1
Kumamoto	" "	-	3
Shizuoka	" "	-	8
Chiba	" "	-	3
Kagoshima	" "	-	39
Fukushima	" "	3	-
Yamanashi	" "	1	-
Niigata	" "	18	-
Tokyo	Hog Cholera	1	3
Fukushima	" "	54	8
Osaka	" "	-	100
Ibaraki	" "	1	-
Yamaguchi	Hog Plague	-	8
Iwate	" "	10	-
Gifu	" "	6	-
Nagano	Anthrax	1	-
Kagoshima	"	1	-

Note: The cumulative totals of acute disease cases as reported for period 1 January to 9 June 1950 are: hog cholera 404, swine erysipelas 184, swine plague 97, black leg 3, equine encephalomyelitis (suspects) 10, anthrax 8.

### SECTION III

#### SUPPLY

#### Distribution of Vaccines

Except for smallpox vaccine, the distribution of vaccines throughout Japan is made in accordance with allocation plans formulated by the Public Sanitation Bureau, Ministry of Welfare. These plans are based on requirements and requests for vaccines submitted to the Public Sanitation Bureau by the Prefectural Health Departments to satisfy established immunization programs. Manufacturers are instructed by the Pharmaceutical and Supply Bureau, Ministry of Welfare, concerning shipments to be made. A request from a prefecture directly to a manufacturer cannot be honored by the manufacturer, except for smallpox vaccine which is available in adequate quantities to satisfy all requirements. Control over distribution is necessary at this time to assure the most efficient uses of limited supplies of vaccines.



## Guinea Pigs

The Ministry of Welfare reported a total of 7,181 guinea pigs were delivered to the National Institute of Health by the laboratory animal associations during the period from 2 May to 2 June. According to future production schedules, sufficient guinea pigs will be available to supply all requirements for medical schools, biologic manufacturers, and research laboratories in Japan.

## Biologic Assay

During the period 16 - 30 May the following biologies have been assayed and found to meet minimum standards:

<u>Item</u>	<u>Manufacturer</u>	<u>Lot No.</u>	<u>Quantity</u>
BCG Vaccine (dried)	Kekkaku Yobokai	75-C	54,600 dos
		97-B	60,600
		98-C	55,000
		113-B	39,400
		116-E	54,900
		117-A	35,900
		117-B	51,600
		117-C	38,100
		117-D	40,100
		117-E	35,800
		125-B	57,000
		131-D	59,400
		136-E	34,300
		142-B	46,200
		142-C	52,500
		142-D	51,300
		144-B	54,800
		144-C	51,400
		144-D	57,100
		147-A	57,300
		147-D	54,900
		148-B	14,000
		148-C	48,900
		149-A	62,000
		149-C	61,200
		149-D	45,400
		150-A	57,600
		150-B	56,200
		150-C	57,700
		150-D	55,600
		150-E	44,800
		164-A	55,600
		164-B	60,700
		164-C	53,300
		164-D	42,200
		164-E	24,200
		164-F	39,900
BCG Vaccine (diluent)	Kekkaku Yobokai	117	96,700
		119	108,200
		126	95,700
		144	84,500
Diphtheria Antitoxin	Hokkaido Seiyaku	43	8,024 cc
Tetanus Antitoxin	Kitasato Kenkyujo	285	19,280 cc
		287	19,240
		289	18,880
Tuberculin O.T.	Kitasato Kenkyujo	26	26,355 cc
		228	29,895



Typhoid and Para-typhoid Vaccine	Aichi Kessei	130	14,050 cc
	Fujisawa Yakuhin	90	32,750 cc
		99	33,150
		102	34,850
		104	33,450
	Kagaku Kessei	281	38,950 cc
		306	39,250
		307	39,250
		309	38,150
	Kitasato Kenkyujo	847	39,850 cc
		850	39,850
		860	39,650
		882	39,400
895		39,650	
912		39,450	
913		39,450	
914		39,750	
917		39,450	
919		39,850	
922		39,650	
925		39,850	
928		39,400	
946		39,800	
950		39,550	
951		39,750	
954		39,500	
955		39,400	
956		39,400	
962		39,400	
963		39,750	
964		39,750	
966		39,400	
968		39,850	
970		39,400	
971		39,350	
972		39,750	
973		39,350	
976	39,800		
977	39,550		
980	39,800		
984	39,400		
985	39,500		
Typhoid and Para-typhoid Vaccine	Sankyo Co.	11	38,150 cc
		12	39,200
		13	38,600
		25	38,650
		26	38,550
	Takeda Yakuhin	30	38,450
		290	17,200 cc
		293	17,400

#### SECTION IV

#### NARCOTIC CONTROL

#### Narcotic Control Activities Report - April

The April report on narcotic control activities from the Ministry of Welfare contained the following information:

Total registrants	93,098
Arrests - Registered persons	13



Unregistered persons	184
(Including 25 Koreans and 17 foreign nationals)	
Convictions - registered persons	10
Unregistered persons	104
(Including six Koreans, one Okinawan and nine foreign nationals)	
Theft of Narcotics (including five Hospitals)	25
Losses by Fire (including one local wholesaler and one hospital)	8

Penalties for registrants varied from ¥ 1,000 fine to ten months penal servitude. Four out of seven sentences of penal servitude were suspended. Two sentences were appealed by defendants and three by procurators. Penalties for non-registrants tried in Japanese courts varied from ¥ 2,000 fine to three years penal servitude. Eighteen out of 86 sentences of penal servitude were suspended. Forty-three sentences were appealed by defendants and 15 by procurators. One defendant was found not guilty. Three Japanese and one Okinawan who were tried in Military Courts received sentences of one to two years confinement at hard labor while one Japanese was acquitted.

Penalties for foreign nationals in Military Courts varied from ten months to three years confinement at hard labor including one defendant who was sentenced to deportation after a term of confinement at hard labor. There were no suspended sentences. Two defendants were found not guilty.

Forty-one registrants were admonished and no administrative dispositions were taken. Seven non-registrants were released because of insufficient evidence.

There were no violations of the Marihuana Law.

The report also summarized the activities of the narcotic agents as follows:

Inspection of registrants	1,067
Investigations originated	250
Investigations concluded	252
Investigations not concluded	263

## SECTION V

### WELFARE

#### Public Assistance Manual

Civil Affairs welfare officers have been aware of the "One Hundred Questions and Answers" series which have been issued by the Ministry of Welfare as a guide or manual of operation on public assistance. Two complete translations of Volume 2 are now being passed around to Region Officers. Volume 3 was issued in December 1949 but complete English translation is not available. The Ministry is planning the development of a more complete manual during 1950 based on changes in the new law and on content of Volumes 1, 2, and 3. It is anticipated that this manual will be available in English.

#### Public Assistance

Attached to this Bulletin as Inclosures No. 2 and No. 3 are translations of Sha-Otsu-Hatsu No. 87, dated 8 June 1950 which concerns relative responsibility and Hatsu-Sha No. 46 dated 20 May 1950, (released 7 June) concerning Ministry regulations for operation under the new Daily Life Security Law.

Attached also is a translation of the new Daily Life Security Law (Inclosure No. 4) including the Cabinet Order and Ministry Order concerned. Welfare officers should destroy their copies of the Daily Life Security Bill which were sent out originally.



## SECTION VI

### SOCIAL SECURITY

#### Social Security Advisory Council

This Council has been working for about a year in preparing a report to the Diet on recommendations with reference to Social Security. It is a representative group established by law and is attached to the office of the Prime Minister. In December of last year a preliminary statement of principles and aims was announced by the Council (see Public Health and Welfare Bulletin No. 149).

A committee of the Council has drafted a tentative report outlining fundamental principles and some specific recommendations which has been accepted by the Council only as a basis for discussion, publicity, and public hearings. It is not to be considered as reflecting final conclusions.

Public hearings are scheduled to begin about 5 July and will be held in Tokyo, Sapporo, Fukuoka, Osaka, and probably in Sendai, Hiroshima, Nagoya if sufficient funds are available. They will be conducted by members of the Advisory Council. Participation of all interested groups in the public hearings is encouraged by the Council.

#### Seamen's Insurance

The Insurance Bureau, Ministry of Welfare, with the cooperation of various seamen's organizations, is planning for the celebration of the Tenth Anniversary of Seamen's Insurance during this year. Prefectural Insurance Sections will be receiving instructions regarding this program, with emphasis on taking advantage of this opportunity to publicize Seamen's Insurance. This is the most comprehensive program among the social insurances in Japan.

#### Medical Facilities in Coal Mine Areas

In those areas which have coal mines, there was inaugurated two years ago a program to establish more adequate medical care facilities principally for the benefit of the workers in small coal mines. The Industrial Reconstruction Corporation (SANGYO FUKKO KODAN - a quasi-government agency) was assigned the responsibility of constructing the facilities. The finances for the construction were obtained by loans from the Reconstruction Finance Bank and the KODAN's funds. Additional funds for equipping and putting the facilities into operation were collected by the Coal Distribution Corporation (a quasi-government agency) by placing a tax on each ton of coal distributed. Last October the coal Distribution Corporation was dissolved due to the discontinuance of the control of coal. The money so collected was made available for assisting in the equipping of these medical facilities. Prior to the discontinuance of the Coal Distribution Corporation, some money had been transferred to a Coal Miners' Welfare Association, now dissolved, to purchase equipment.

In December last year it was finally decided that the local public entities in the areas where the facilities are located should take responsibility for opening and operating the facilities with the assistance of organizations established in accordance with the social insurance laws or the Local Autonomy Law. The facilities were to be non-profit, public institutions and operated in coordination with the social insurance programs for the reason that all miners and their dependents are covered by social insurances.

The money collected from the distribution tax, and the equipment purchased by the Coal Miners' Welfare Association, have been distributed to the various prefectures with coal mines. The prefectures were further instructed to distribute the money and equipment to the interested local public bodies in conformance with a schedule submitted by the Ministry of Welfare and to assist them in inaugurating the operation of same. According to reports, practically all of the above has been accomplished but some facilities have not been opened as yet. Where the local public body could not assume responsibility for operation of the facility - principally a hospital - the prefecture has assumed such responsibility. Additional funds have been allocated by the local public entities to assist in meeting the cost of inaugurating operations, from the local mining production tax,



a tax which has gone into general tax receipts but which was originally intended for improving welfare facilities for the coal mining areas. In the past both the prefecture government and the local municipal government shared in the receipts of this tax. If and when the new local tax law is enacted, the entire receipts from the local mining production tax will go to the local municipal government.

Recent reports are that the majority of these facilities are in operation and the local public entities have assumed the operation responsibility with full local autonomy, and are operating such facilities in coordination with the social insurance program. The original cost of constructing the facilities and the eventual title of ownership is a matter to be clarified at a later date. In the interim the property remains under the jurisdiction of the Industrial Reconstruction Corporation and is leased to the local public entities for operation as non-profit, medical care facilities.

The overall supervision of the program has been assigned to the Ministry of Welfare to be exercised through the Insurance Bureau and the Prefecture Insurance Sections.

#### Social Insurance Medical Fee Payment Fund

A carefully documented report on the financial operations transacted by the branch offices of the Social Insurance Medical Fee Payment Fund located in the prefectures of Chugoku Region which was prepared last March by the Assistant Welfare Officer of Chugoku Civil Affairs Region in charge of social insurance surveillance yielded two significant findings. It showed, firstly, that in all prefectures of that Region, the Fund branch offices had in the past netted a substantial surplus of income over outgo despite heavy capital outlays in the form of real estate purchases to provide each branch with modern and conveniently located offices. Secondly, it was found that expenditures of all branch offices included sizable year-end bonuses both to regular office employees and to personnel from the prefectural Insurance Section, including Section Chiefs, who had assisted in dispatching Fund business.

Action taken by the Commanding Officer of Chugoku Civil Affairs Region on the basis of the latter finding led to the issuance by the Chief of the Insurance Bureau, Ministry of Welfare, of a confidential instruction to all prefectural governors (Ho-Sho-Hatsu No. 96 of 17 March 1950) entitled "Matters Pertaining to National Public Service Employees Receiving Compensation from other Groups" ordering the refund of all such honoraria.

In a subsequent comment pertinent to this matter, the Assistant Welfare Officer of Kanto Civil Affairs Region in charge of social insurance surveillance verified that such honoraria had been paid also in the prefectures of Kanto Region. He pointed out, however, that the practice of year-end bonuses appeared to be a rather universal one in both private and government employment, that the work done by members of the prefectural Insurance Section was performed outside of and in addition to their regular duties and was necessary for the dispatch of legitimate Fund business. Consequently, he felt that outright restitution of these honoraria constituted a case of hardship and unwarranted discrimination.

The matter was taken up with the Chief Director of the Fund. Both points of view, though clearly opposite to each other, were found to have undeniable merit in the light of the actual situation. One possible way of resolving the dilemma would be to legalize, in advance, any compensation paid in the form of honoraria or otherwise pursuant to Article 104 of the National Public Service Law (Law No. 120 of 21 October 1947) entitled "Restriction of Participation in Other Undertaking or Business" which reads as follows: "If a person in the service is, in consideration of a honorarium, to hold concurrently a position of an officer, adviser or councillor in any undertaking other than a profit-making enterprise, or to engage in any other undertaking or to carry on business, the permission of the [National Personnel] Authority and the head of the employing agency of government shall be required." Pending conclusion of arrangements to this effect, the acceptance by officers of the prefectural Insurance Section of honoraria or similar monetary considerations from the Fund is illegal.



In its conclusion, the study by Chugoku Civil Affairs Region suggested the possibility of reducing the administrative fee levied by the Fund below the standard of 1.3 points (¥13) per case. The extent to which such a reduction is possible without endangering the smooth operation of the Fund depends on the verification of the above findings in other parts of Japan. It must be kept in mind that, on balance, a certain surplus of intake over outgo is essential to finance the cost of Fund operations on a national scale as the Fund receives no appropriations from the national or any other government and has no major source of income except administrative fees levied by it. In discussing this point with the Chief Director of the Fund he advised that for the time being a reduction of the administrative fee from 1.3 to 1.1 points (¥11) per case had been decided effective 1 June 1950.

*Approved*  
CRAWFORD F. SAMS  
Brigadier General, Medical Corps  
Chief

7 Incls

1. Ei-Hatsu No. 340
2. Sha-Otsu-Hatsu No. 87
3. Hatsu-Sha No. 46
4. Translation of Daily Life Security Law
5. Digest of Weekly Report of Communicable Diseases in Japan for Week Ended 20 May 1950
6. Digest of Weekly Report of Communicable Diseases in Japan for Week Ended 27 May 1950
7. Digest of Monthly Report of Communicable Diseases in Japan for Four Week Period Ended 27 May 1950
8. Monthly Summary of Vital Statistics in Japan: March 1950







I. Preventive activities on the part of To, Do, Fu and prefectures.

1. The case report and intensified instruction on preventive methods:

To drive the case report to be made by a physician according to the Infectious Disease Report Regulations and to intensify instruction on the preventive methods to the patient or his guardian by a physician, To, Do, Fu or prefecture or a designated city in accordance with Article 1 of the Enforcement Regulations based on the provision of Article 1 of the Law.

2. Medical Examination to be carried out:

A medical examination provided for in Article 4, para 1, item 1 of the Law shall be carried out once a year necessary for any of the following:

This medical examination shall be operated by a Health Center or any of medical institutions designated or a physician.

- a. Any person engaged in any occupation which is liable to spread the virus
- b. Any family member and intimate of the patient.
- c. A group in collective life liable to spread the virus.
- d. Any special group (inclusive of a factory, business establishment and college or university.)
- e. Besides, people of a certain area deemed necessary for the medical examination.

3. Suspense of engaging in occupation or other measures necessary for the prevention:

Any patient found out as a result of the medical examination referred to in the preceding paragraph shall undergo a necessary measure according to the provision of Article 4, para 1 item 2 of the Law or the provision of Article 4 para 1 item 3 shall be applicable to carry out the preventive measures satisfactorily.

4. Medical treatment:

- a. Any patient in the report case or found out by the medical examination shall have a thorough medical treatment, which is arranged duly in accordance with the provision of Article 2 of the Law.
- b. For the medical treatment referred above, Social Insurance or the Daily Life Security Law shall be available. Otherwise, the provision of Article 3 of the Law shall be applicable for giving medical treatment to the patient in question.

5. Prevention and medical treatment to the patient in question.

It is arranged that any city or town or village where trachoma cases are raging on, shall set up the medical institution for prevention and medical treatment with a view to carrying out Health examination, medical treatment and preventive education for the citizens in accordance with the provision of Article 5 of the Law.

6. Development of diagnosis and medical technique:

A training course shall be held with cooperation of the physicians association and educational institute in medicine for developing diagnosis and medical technique of Health Center personnel, staff of medical institutions of a city, town or village, and of designated physicians.



## 7. Popularization of preventive concept:

It shall be planned for the popularization of preventive concept for people in general through the combined endeavours of the Physicians Associations, hospitals, schools, factories and plants, and any organizations.

## II. Preventive Activities on the part of city, town or village.

1. Readjustment of medical institutions for prevention and medical treatment based on the instruction from To, Do, Fu or prefecture or to readjust and aid institutions in carrying out thoroughly the following items:

Any city or town or village which cannot set up the said institutions shall designate any of associations' hospitals or of clinics at large for the preventive activities.

### 2. Health Examination:

Health examination for pupils of primary schools and secondary schools and citizens shall be carried out by the designated medical institutions or physicians provided for in the preceding paragraph under the guidance of To, Do, Fu or prefecture.

### 3. Medical treatment:

- a. It shall be carried out thoroughly that the patient found out as a result of the health examination referred to in the preceding paragraph shall have medical treatment at any of medical institutions set up by or of clinics designated by a city, town or village under the guidance of To, Do, Fu or prefecture.
- b. The medical treatment shall be conducted thoroughly according to the purport of No. 1 4b. When it is difficult on the part of city, town, or village, the provision of Article 3 of the Law shall be applicable.

### 4. Popularization of preventive concept:

The popularization of the preventive concept shall be conducted to drive information activities as well as utilizing the functions sponsored by associations and schools.

## III. Preventive Activities on the part of designated cities.

Any city which is designated by a Cabinet Order based on the provision of Article 1 of the Health Center Law, shall carry out the preventive activities referred to in No. 1 and No. 11.

## IV. Expenses:

1. The national treasury's subsidy provided by the "Trachoma" Prevention Law shall be suspended for the fiscal year 1950-1951, but the necessary expenses shall be estimated according to the Equalization Grant Law. The budgetary spending shall be duly worked out by To, Do, Fu, or prefectures each.

2. So with the city, town or village's expenses, a prefectural subsidy shall also be suspended for a city, town or village in spite of the provision of the "Trachoma" Prevention Law. The budgetary spending worked out by a city, town or village shall be guided adequately for carrying out the preventive activities satisfactorily. It shall be arranged that a city, town or village's activities in prevention shall be encouraged with a kind of subsidy if necessary.



SOCIAL AFFAIRS BUREAU  
MINISTRY OF WELFARE

Sha-otsu-hatsu No. 87

TO: Each Prefectural Governor

FROM: Chief, Social Affairs Bureau, Ministry of Welfare

SUBJECT: Handling of Liability for Support under the Daily Life Security Law

In view of the fundamental intent of the Daily Life Security Law it is a matter of course that before providing necessary assistance in the application of this law every effort should be made to help the client receive not only contributions from the persons under duty to furnish support as provided for in the Civil Code but also such aid as offered voluntarily from his friends or relatives who feel themselves responsible morally or socially for support.

There are, however, so marked variations in its handlings (some are too severe, and some are too lenient) according to locality that we have attempted to unify its handlings as stated in the following. Accordingly, you are requested to take actions to fully familiarize the personnel concerned such as the mayors of city, town or village, social welfare secretaries and Minsei-in, etc. with the purport and method of its handling.

1. Liability for support under the Civil Code.

The liability for support as provided for in the Civil Code is a legal obligation to be fulfilled by the responsible person, it is, however, desirable from the nature of liability for support to avoid, if possible, an immediate resort to laws regarding it as a legal problem. Hence, your efforts should be directed to such direction as to settle the case in question in an amicable way under a perfect and satisfactory agreement between the parties concerned with respect to the fulfillment of the duty to furnish support.

2. Investigations on the order of the persons under duty to furnish support.

(1) First, investigations should be made as to the husband and wife, lineal relatives by blood and brothers and sisters (Civil Code, Article 730, 752 or 877) who are legally responsible for support.

(2) Second, investigation should be made as to the relatives within the third degree of relationship other than those mentioned in the preceding paragraph who are subject to the judgement rendered by the Family Court in respect to the obligations for support to be imposed on.

3. Methods of investigating the financial capacity for support.

(1) In making investigations, social welfare secretaries or Minsei-in in charge should make efforts to visit directly the person under duty to furnish support to have an accurate understanding of the actual situation of his resources and living.

(2) In case when the person under duty to furnish support is living in a distant place, making it difficult to depend upon (1), investigations should be made either directly by sending a letter requesting information as to his personal affairs or securing the cooperation of the mayor of city, town or village in which he resides. In the above-mentioned letter to be addressed to the person under duty support it is to be stated clearly that his support will be necessary because the person entitled to support is in needy circumstances, necessitating assistance under the Daily Life Security Law, and he may express any hope as to the extent and mode of support, and in the letter requesting investigations from the mayor of city, town or village in which the person under duty to furnish support resides, it is to be stated that if, on making investigations into the living conditions of the person under duty for support, he is deemed to have financial capacity for support, the mayor of city, town or village will make efforts to urge the person under duty for support to support his relatives in need.



(3) When the mayor of city, town or village in which the person under duty to furnish support resides is asked to give information upon the person under duty to support who is living in his city, town or village, he should, needless to say, make every effort in response to the purpose of the request and should not fail to give a reply, regardless of its results.

#### 4. Judgement of the capacity for support.

(1) If, in the case of husband or wife, minor and his parents, the person under duty to support makes a living on a higher level than that made by the minimum living cost provided for in the amount of standard for Living Aid, he should be judged to have a capacity for support in respect to the portion exceeding the level.

(2) With respect to the lineal relatives by blood, other than a minor and his parents, namely, brothers and sisters and the relatives within the third degree of relationship on whom the adjudgement by the Family Court may impose a duty to furnish support, they should be judged to have a capacity for support, unless such a living as is deemed befitting to them from social common sense is impaired. In particular, care should be taken, so that an unreasonable judgement will not be enforced to sacrifice their living planning in the present and the future.

#### 5. Performance of furnishing support.

(1) Even in the case in which the person under duty to support has been judged to have a capacity for support according to 4, it is studiously avoided that the extent and mode of support is determined only from the side of one party, and imposed on the person under duty to support. Rather, measures will be taken to reach a perfect agreement between the parties concerned, and to determine concretely the extent of support as well as a method as to whether either any means for living will be provided or the person entitled to support will be taken in and cared for and, if possible, to make the person under duty to support fulfill his responsibility without fail by exchanging written documents each other.

(2) The person under duty to furnish support should fully be informed of the effect that at any time when there has been a change in his living condition to make it difficult for him to fulfill his duty for support even after the extent and mode of support imposed upon him has been determined according to (1), he is entitled to consult with the mayor of city, town or village as to the modification of the extent and mode of support already determined. At the same time the mayor of city, town or village should make efforts to get a full understanding of the real circumstances of the person under duty to support, and in case his circumstances has changed, such arrangements as to modify without delay the extent and mode of support according to his capacity for support should be made to enable the person under duty to support to perform a duty of support with certainty and continuously.

(3) (i) When the person under duty to furnish support who has a capacity for support will not perform his duty to support, even though every possible means has been employed, measures should be taken to make the person entitled to support appeal to the Family Court for adjudgement without delay, and determine, in respect to the husband and wife, lineal relatives by blood, and brothers and sisters, the amount of money and method for support to be fulfilled, and, in respect to other relatives within the third degree, the extent and mode of furnishing support, and thus to make the person under duty to support assume his responsibility.

In this case, if the person entitled to support wishes, the social welfare secretary to whom the person entitled to support has entrusted his appeal case and who has obtained the permission of the Family Court concerned in accordance with the provisions of Article 5 of the Regulations for Adjudgment of Domestic relations may, as his proxy, take proceedings for appeal according to the circumstances.

(ii) In making such a handling, consideration will be given to such a method as to provide, first, necessary assistance in parallel with the process of taking the procedures stated in (i), and then to collect, in accordance with the provisions of Article 77 of the Law, the expenses required for assistance within the scope of the amount of the expenses for which the person under duty to support is responsible, after the decision by the Family Court has been made.

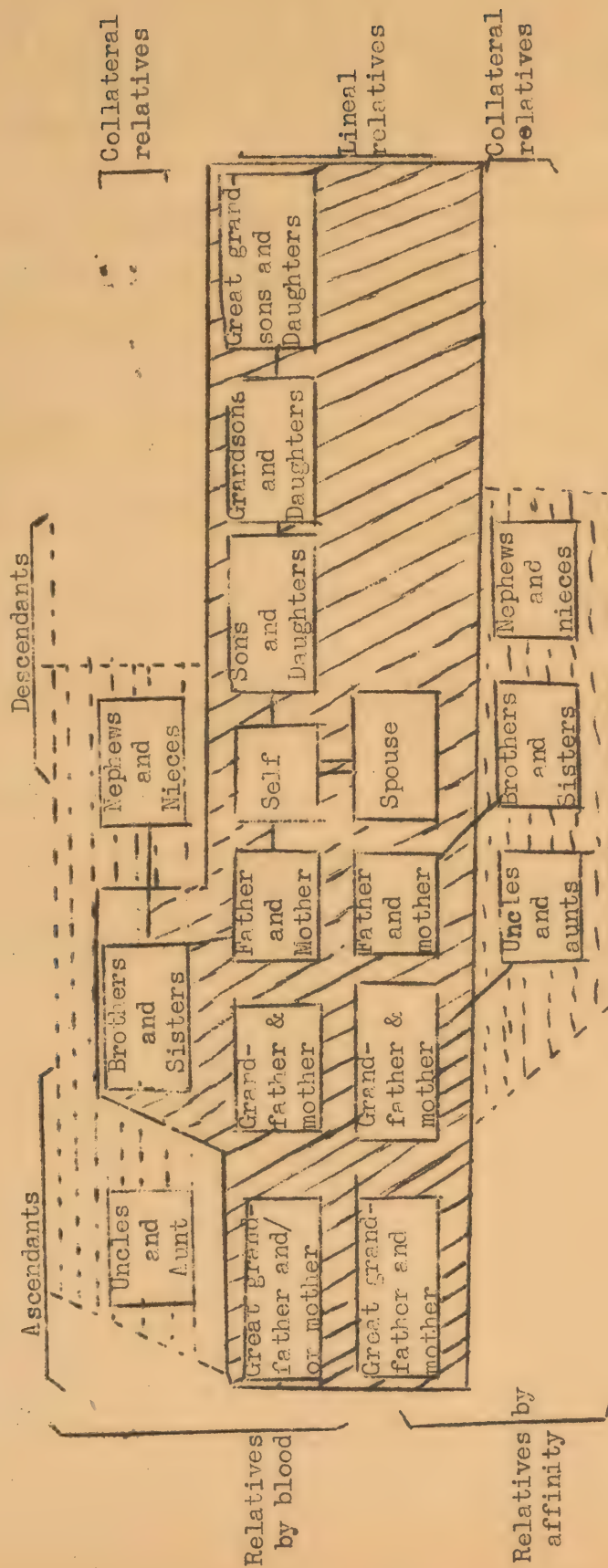


For Reference:

1. Chart illustrating the Degree of Relationship

Persons under duty to furnish support as provided by Para. 1 Art. 877 of the Civil Code.

Persons under duty to furnish support as provided by Para. 2, Art. 877 of the Civil Code





(iii) In case the person in need of assistance has refused to appeal to the Family Court for adjudgement without any justifiable reason, the amount of the contribution which the person under duty to furnish support can supposedly afford for support may be deducted from the living assistance grant, provided, however, that such measures will be limited to the case in which the recipient has not complied with a written request officially issued by the mayor of city, town or village, instructing him to appeal to the Family Court.

(4) The person entitled to support should be encouraged to make him understand fully that a problem as to the fulfillment of the duty to support is essentially that existing between the recipient and his sole dependent feeling on the social welfare secretary or Minsei-in and have an active contact with the person under duty to support to ensure the fulfillment of liability for support. In this case, he should be made to have a full understanding of the standpoint of the person under duty to support whose willingness for support is to be appreciated wholeheartedly.

#### 6. Handling of making the person under duty to support repay the expenses

(1) In collecting the expenses required for assistance from the person under duty to support in accordance with Article 77 of the Law, it must be ascertained whether or not the conditions listed below will be met by the person under duty to furnish support:

(i) At the time when the person entitled to support was receiving assistance, the person under duty to support was a legally responsible person for support.

(ii) At the time when assistance was provided, the person under duty to support has a capacity for support.

(iii) At present the person under duty to support has a capacity of repaying the expenses incurred.

(2) With respect to a concrete method of collecting the expenses, its handling should be made in accordance with the provisions of Article 23 of the Enforcement Regulations at the Daily Life Security Law.

#### 7. Contributions from those other than the person under duty to support.

In case a person is not a legally responsible person for support, but a person who is naturally supposed to be responsible for support from social common sense in view of the relationship existing between him and the recipient, the recipient should be encouraged to receive contributions from such a socially responsible person for support, and if necessary, this should be realized through good offices of the Social Welfare Secretary or Minsei-in in charge.



## 2. Interpretation of "brothers and sisters"

The theoretical interpretations of "brothers and sisters" referred to in Article 877 of the Civil Code are not necessarily definite, but the administration of the Daily Life Security Law will be in accordance with the following interpretation.

In this connection, the interpretation of "brothers and sisters" described in page 31 of Daily Life Security "One Hundred Questions and One Hundred Answers" will be corrected.

"Brothers and sisters" referred to in Article 877 of the Civil Code will not necessarily be interpreted to have a strict meaning of the children between the same father and the same mother, but will be interpreted to have a wide meaning as appearing in the provision to item (4) of Article 900 of the Civil Code. In other words, "brothers and sisters" include not only children from the same father and the same mother but also those from the different father and the same mother as well as the same father and the different mother, that is, children from father and mother, either of whom is the same, as specified in the following:

- (1) Children between the same father and the same mother (a wife not legally married is also approved)
- (2) Natural child of the foster-father or mother and adopted child. Adopted child of a father and that of a mother.
- (3) Children between the same father and the different mother.
  - (i) Child of the former wife and child of the second wife both of whom come from the same father.
  - (ii) Legitimate child and illegitimate child as recognized legitimate by the father of the legitimate child.
- (4) Children between the different father and the same mother.
  - (i) Illegitimate children born from the same mother, but coming from the different father.
  - (ii) Child of the former husband and child of the second husband whose family names are different.
  - (iii) Child brought by a wife and child born between the present husband and that wife.

The spouses of brothers and sisters are called brothers-in-law or sisters-in-law, but they are not "brothers and sisters". Relationship between a spouse and the other spouse's brother or sister is the relationship of the second degree of relatives by affinity, so liability for support does not arise between them. However, an adjudgement by the Family Court may impose liability for support upon them.

## 3. Contents of the Liability for Support

What is to be attended to in respect to the contents of liability for support is that the person entitled to support is not allowed to count the liability for support responsible for others in his own need. In other words, the contents of the liability for support which the person entitled to support can demand from the person under duty to furnish support is limited to the subsistence of the person entitled to support himself, and the person entitled to support is not allowed to demand the subsistence or schooling expenses of his wife or children. However, it is needless to say that there are cases in which a wife or child of the person entitled to support or demand support according to their respective degree of relationship apart from the person entitled to support.







MINISTRY OF WELFARE

Ministry of Welfare Hatsu-Sha No. 46

To : Each Prefectural Governor

From : Vice-Minister, Ministry of Welfare

Subject: Matters concerning the Enforcement of the Daily Life Security Law

The former Daily Life Security Law has played a most effective role as a basic law relating to relief and welfare since its enforcement as from October 1, 1946. However, in the present, the social and economic circumstances are markedly different from those in the days when the former law was created. In this respect the old law has been found to be legally inadequate or defective in many ways. In particular, a necessity has been felt for a fundamental reorganization of this system in order that the minimum living of the people may be truly guaranteed on the basis of the spirit of the new constitution. Thus an over-all revision of the Law has been undertaken. The new Law was promulgated and put into force as Law No. 144 on May 4, 1950, and the consequent Cabinet Order (Cabinet Order No. 148) and the Ministerial Ordinance (Ministry of Welfare Ordinance No. 21) respectively are to be promulgated and carried into operation shortly. Since the adequacy of enforcement of this Law has a vital influence upon the stabilization of the people's daily life, you are requested to make the best use of your past experiences in making exhaustive and careful preparations for the enforcement of this law, and to exert every effort in the line of publicity and dissemination of the purport of this revision, and thus to take measures, lest anything to be hoped for should be left for attainment of the object of the new law. I, by order, notify you of the above. Further, in this notification the Daily Life Security Law newly enacted will briefly be referred to as "the Law", and the Enforcement Ordinance of the Daily Life Security Law, "the Ordinance", and the Enforcement Regulations of the Daily Life Security Law, "the Regulations", and the Daily Life Security Law hitherto in operation, "the former Law" respectively.

NOTES:

I. Main Points of the Revised Law

1. The former Law dismissed, to some extent, the idea of relieving the poor out of charity as it is said in the time of the Relief Law, but still could not wipe out completely a charitable color incident to the poor law, without any provisions in which the spirit of guaranteeing the right to live as provided for in Article 25 of the Constitution was legally implemented. On the other hand, the new Law has not only established a legal position of the person receiving assistance for implementation of the principle on which the State should guarantee the minimum living of the people, but also made clear the legal relation between the responsibilities and authorities of the organs of assistance, etc. and the rights of the persons requiring assistance, and furthermore prescribed a legal basis, that is, the appeal system concerning assistance through which the person requiring assistance can insist upon a fair administration of assistance.

2. In the former Law Minsei-in are asked to assist the business conducted by the mayor of city, town or village, which has caused to augment the burden laid upon Minsei-in, consequently incurring a danger of obscuring the public responsibilities in the execution of this Law. Accordingly, in the new Law the paid full-time officials have been made the auxiliary organ of the mayor of city, town or village, while Minsei-in will be asked to cooperate in the business of assistance under this Law within the scope as deemed appropriate for Minsei-in from the character of volunteer. Thus this Law has in its application drawn a clear-cut line of responsibility between the paid full-time officials and Minsei-in, and further established a system through which they cooperate.

3. In view of the conditions that although the persons charged with medical care under this Law take charge of a very important role in the administration of this Law, adequate consideration is not given to the guidance and supervision over them, this new Law has clearly prescribed the fundamental matters relating to the medical agencies, and strengthened the supervision over them.



4. We hardly expect the operation of the daily life security system to attain its perfectness through such a very simple law as the former Law consisting of only six chapters inclusive of 47 articles. And in the former Law so many matters to be provided for in the Law are delegated to the Enforcement Ordinance and so forth, which have become to reveal its defects from the legislative point of view. Hence, in the new Law all of the fundamental problems concerning the daily life security system have been prescribed in the law itself.

## II. Matters in general.

1. The guarantee for the minimum living by this Law will be interpreted to implementation of the so-called fundamental personal right to live as proclaimed in the Constitution in a substantial law, and the assistance under this Law should be provided to satisfy the need to the minimum according to the need of each individual and family requiring assistance. Therefore, if the people's desire to live has been smothered to a decline by providing assistance in a haphazard and automatic way without any clear understanding of each case, or the energies by which the people in need can rehabilitate themselves have been blighted by withholding, without any definite reason, assistance which they are adequately entitled to receive in accordance with this Law, it will go counter to the purpose of this Law. Whereas the purpose of this Law is, as clearly stated in Article 1 of the Law, to guarantee the minimum living of the people in need as well as encourage them to become self-supporting, you must make efforts to fully familiarize the agencies concerned with this effect and to implement a most effective operation of the Law in order that the said purpose will be achieved.

2. In providing the assistance under this Law, you must take the greatest caution not to exercise any preferential or discriminative treatment because of the cause for needy circumstances, or race, creed, sex, social status, family origin, etc., in so far as the persons in need meet the eligibility requirements prescribed in this Law. At the same time in view of the purpose set up in the revised Law in which the people's right to claim assistance has positively been reorganized, you must furnish adequate guidance so that all of the personnel concerned will, in fact as well as in name, cast away any charitable idea in their field.

3. The assistance under this Law is limited to the Japanese citizens, as provided for by Article 1 of the Law, but the Koreans and the Formosans who reside in the Japanese country and who have no fact that they have given up their citizenship, will, for the time being, be treated as the Japanese citizens in respect to the application of this Law.

4. The people in need as referred to in the new Law is the generic term for those who are not able to maintain the minimum standard of healthy and cultural living, that is; not only those coming under Livelihood Aid, but also those who are, concretely speaking devoid of any one of the minimum of expense required for living, education, housing, medical care, maternity care, occupation and funeral service, which are prescribed as the kinds of assistance in accordance with the new Law should be regarded as the people in need in this Law. Paying attention to the above, you must make efforts to avoid mistakes in the operation of the Law.

5. Since the assistance under this Law will be provided as a final means of guaranteeing the minimum living of the people, the principle is that the people in need should be encouraged to make every possible effort to maintain their living by their own power or assistance in accordance with other law before providing complementarily assistance under this Law, namely; in the application of this Law the people in need should be encouraged to make full use of the resources, spiritual or material, available to them, or receive other public assistance falling under other social welfare or public health program or support from the persons under duty to furnish support, if they are the persons entitled to support. Fastening your attention on these matters, you must exercise guidance and supervision on the related agencies so that a proper and fair application of this Law will be effected. It is needless to say, however, that in case the persons requiring assistance are not able to satisfy the need of their minimum living, even though these measures have been taken, assistance should be provided in a positive manner to the extent that the difference which can not be met after having made every effort to maintain their living by their own power or assistance in accordance with any of other laws will be complemented.



Under the former Law the persons who make no effort to maintain their living or who are of loose character are treated as those utterly uneligible for assistance, leaving no room for public assistance. However, viewed from the idea of guaranteeing the minimum living of the people by legislation, this is undesirable and accordingly this has been rectified in the new Law, which provides that in a case where there is urgent need, necessary assistance may be provided, and then an appropriate guidance or instructions may be given or other measures may be taken. You must make efforts to make the administrative organs, etc. fully understand these points to expect a thorough-going application of this Law.

### III. Matters concerning the Principles of Assistance.

1. The new Law provides, as one of the principles, that while the people in need have the right to claim assistance, assistance will be started on the basis of an application submitted. This does not mean, however, that the administrative organs of assistance will be reduced to a passive and negative position. Hence, the officials in charge of the administration of assistance should always give a close and keen attention to the living condition of the people residing in area under their jurisdiction, and further should treat them with the utmost considerations lest assistance to be provided should be overlooked, regardless of the existence of pressing circumstances.

2. The principle of meeting the need as provided in Article 9 of the Law claims to administer assistance most appropriate to the actual living conditions of the people in need, and this principle is, needless to say, the essential point to be considered in connection with the determination of the standards of assistance by the Minister of Welfare, and further in administering assistance by the mayor of city, town or village this principle should apply to the determination of the kind, extent and method of assistance according to the concrete difference in the living of the people in need. For example: it is of course reorganized necessary to apply Occupational Aid to a person in need who is able to work in conformity with his vocational aptitude, and thus to promote his employability, but the very same principle should be avoided towards a mother with children and such a decision as to enable her to devote herself to the care of her children should be made: in case there is a family with a patient for whom nursing care is indispensably needed, any member of that family even though he or she is of some workability, should rather be encouraged to give himself or herself up to the nursing care of the patient; in the case of a household with an infant needing artificial feeding, an adequate quantity of artificial feeding should be provided to that infant. In a word, the determination of the kind, extent and method of assistance by thoroughly taking into consideration the requirements and circumstances of each circumstances of each individual and family as exemplified above will imply that the principle of meeting the need is observed.

### IV. Matters Concerning the Kinds and Scope of Assistance.

1. In administering assistance under this Law it is of vital importance to determine the kinds and scope of assistance, and in particular, one category of Livelihood Assistance hitherto in operation has been divided into the three kinds of Livelihood Aid, Educational Aid and Housing Aid in this revision, which requires your attentive consideration so that any inconvenience will not be caused in the application of these Aids.

In determining assistance, a problem to what sphere of the expenses necessary for daily life the income of a household in need should be appropriated can not be concluded hastily. However, taking into consideration the primary purpose of this Law which is to guarantee the minimum living, such is the principle; the income should be appropriate first to the expense for food and clothing, next to the expense for education and other necessary expenses, and then the assistance under this Law will be applicable to the deficiency found in each expense.

2. Then, in the event of the death of a recipient or a person of scanty means, there is no person under duty to furnish support to perform his funeral service, and the third person performs funeral service. Funeral Aid in accordance with the provisions of Article 18 paragraph 2 of the Law will be provided to the above third person. This Funeral Aid is different from Funeral Aid mentioned in



paragraph 1 of the same Article, that is; in this case Funeral service is provided in a sense of making compensation for the actual expenses incurred, regardless of the resources owned by the third person who performs the funeral service. In case there is no person who performs the funeral service, the mayor of city, town or village where the deceased person's corpse is found will perform funeral service as provided for in the Law regarding Graveyards, Burial and Others (Law No. 48 of 1948), the expenses to be borne in that case will be in accordance with the provisions of the same law.

#### V. Matters concerning the Organs and Administration of Assistance.

1. The mayor of city, town or village who is the administrative organ of assistance under this Law, holds a position through which the business concerning assistance to be conducted by the State is performed in place of the State; in other words, he is in a most important and responsible position in the enforcement of this Law. Under these circumstances all of the mayors of city, town or village are requested to understand fully the purport and application of this Law.

2. The qualifications, fixed number and so forth of the social welfare secretaries who will become a principal axis in the administration of this Law as the auxiliary organ to the mayor of city, town or village will be provided for in the Law concerning the Establishment of the Social Welfare Secretaries (No. 182, May 15, 1950) which passed the seventh session of the Diet after this Law and which will shortly be promulgated. These social welfare secretaries are in charge of the execution of business conducted by the mayor of city, town or village, concerning determination of assistance, guidance on the recipient's living and therefore the efficiency in their business exercises a direct and vital influence on the achievement of purposes of this Law. Accordingly, you must make special efforts in the establishment of these social welfare secretaries and the guidance and supervision given to them.

3. In view of the present conditions that although the execution of the business concerning assistance under this Law should be conducted upon the responsibility of the mayor of city, town or village or the social welfare secretary, the cooperation of Minsei-iin is in many cases necessary to accomplish the purpose intended by this Law, Minsei-iin are as the cooperative organ asked to cooperate in the service relating to assistance. Hence, you must make efforts to ask necessary cooperation from them according to actual circumstances in each locality. With respect to the method of cooperation by Minsei-iin in the business concerning the enforcement of this Law, you should be familiar with Ministry of Welfare Hatsu-Sha No. 72, dated October 31 of last year, a notification issued jointly by the Chief of Social Affairs Bureau and the Chief of Children Bureau.

4. As the business inspection pertaining to the enforcement of this Law has a very important meaning to expect a fair and appropriate operation of this Law, the provisions of the revised Law has legally obligated the Minister of Welfare and the Prefectural Governors to conduct the business inspection and besides vested the national officials and public body officials in charge of this business inspection with a powerful authority. Accordingly, you must make efforts not only to give guidance and training to the officials in charge of the inspection but also to produce the expected effect by securing a sufficient appropriation required for the expenses incident to the business inspection.

5. As the authority of making a visit for investigations and medical examination as given to the mayor of city, town or village in accordance with the provisions of Article 28 of the Law is powerful and merely approved so as to effect a fair and appropriate administration of assistance, you must provide special guidance and supervision to the officials in employing their authority, so that they may give close and grave attention to avoid an infringement on the personal rights of the person requiring assistance, in an attempt to limit their authority to the irreducible minimum of need for achieving the purpose.

#### VI. Matters Concerning the Method of Assistance.

1. The terms, "outdoor care" and "institutional care" used in the new Law are only applicable to Livelihood Aid, and with respect to other kinds of Aid "outdoor" and "institutional" are not adopted as the distinction pertaining to the method of assistance; provided, however, that in statistics and other fields there will be a



case of making a different treatment, and in such a case that effect will be notified separately.

2. Although the assistance money or goods for Livelihood should be delivered in advance within the limit of one month's allowance, this was too often not strictly observed, with the consequence that a considerable number of cases in which the recipient's daily life fell into difficulty were found. Such should not be allowed absolutely. So every effort should be made to eradicate such cases in the future by furnishing guidance and supervision on the administrative organs.

In case the assistance money or goods has been delivered in advance beyond the limit of one's allowance, a report mentioning the name of city, town or village, reason for advance payment, number of families under advance payment, number of months in advance payment, amount of money paid in advance, and so on should be reported from the Governor of To, Do, Fu or prefecture to this Ministry.

3. The principle is that the assistance money or goods for Educational Aid will be delivered to the person in parental power of the recipient; provided, however, that in case the said assistance money or goods is apprehensive of being diverted to the living expense and others, guidance should be given to the principal of the school in order that he will provide by means of benefit in kind, the recipient with the assistance money or goods already handed to him.

4. While Maternity Aid under the former Law is provided in principle, by means of benefit in kind, that under the revised Law is provided in principle by means of benefit in money. This is due to considerations given to the fact that the scope and extent of benefit are generally definite from the nature of Maternity Aid, and that there are psychological influences over the recipient.

#### VII. Matters Concerning the Protective Institutions

1. In the new Law the kinds and definitions of the protective institutions are clearly prescribed, and it is due to the necessity of taking into consideration the minimum standards of facilities and management for each kind of the protective institution. Accordingly, you must keep it in mind to display the characteristics of each kind of the protective institution, and further you must, if necessary, take such measures as to exchange those who avail themselves of the protective institutions, in order to give life to the character of each of the existing protective institutions. In making the approval of the protective institution in future, the classification of the protective institutions should be specified.

2. When you intend to give approval to the protective institution, the approval will, for the time being, be given after having consulted in advance with this Ministry because there is a necessity for unifying the attitudes on the evaluation of the actual conditions of the institutions and the interpretation of the Law. The same shall apply to the case in which To, Do, Fu or prefecture intends to establish a protective institution.

3. With respect to the standards of the protective institutions in accordance with the new Law, a notification will separately be issued, and therefore the institutions, for the time being, will be treated according to the standards already applied in accordance with the former Law.

The work providing institution should be in accordance with Sha-Otsu-Hatsu No. 51, Notification issued by Chief of Social Affairs Bureau, "On the Clean-up of Work Shop Undertakings", dated April 10, 1950.

4. The protective institution established by the city, town or village or public interest juridical person and approved as such in accordance with the provisions of Article 7 of the former Law will be treated as a protective institution approved under this Law in accordance with the transitory provisions of the new Law, but in case it does not satisfy the requirements prescribed in this Law, you must make efforts to bring about its improvement and re-equipment, indicating the time limit. The protective institutions established by private person other than public interest juridical person in accordance with the former Law is approved of its existence as a protective institution under this Law for three months (until



August 4) after the enforcement of this Law, and therefore guidance should be given to the protective institution toward an immediate establishment of public interest juridical person with the approval under Article 41 of the Law. In this case the consultation with this Ministry as mentioned in 2 of VII will not be required.

5. The new Law has vested the Governor of To, Do, Fu or prefecture with such a powerful authority as a spot-check of the protective institution, but you must give adequate attention so that their application will not run to an extreme.

#### VIII. Matters concerning the Medical Agency and Maternity Agency.

1. The new Law has committed the designation of the medical agencies (excluding those established by the State) to the Governor of To, Do, Fu or prefecture and its designation should be made after having asked the opinion of the mayor of city, town or village in which the medical agency etc. is located or the practitioner or minister resides in accordance with the provisions of Article 11 of the Regulations. In obtaining the concurrence of the establisher or the practitioner of the medical agencies as to the designation he should be guided to be well informed of the legal relation brought about by the designation, particularly, the policy and fees of medical care as well as the review and investigations on the fees of medical care. Such consideration will prevent troubles from arising in future. It is expected that the by-regulations pertaining to the matters to be understood after the designation will be notified separately.

2. The new Law provides that the policy and fees of medical care of the designated medical agencies will, in principle, follow the example of the policy and fees of medical care under the National Health Insurance, and in area in which the National Health Insurance program is not in operation, follow the example of the policy and fees of medical care under the Health Insurance, and further in case the policy and medical fees of medical care not prescribed in any social insurance program are deemed as specially necessary or it is not appropriate to depend upon those of the social insurance program, the Minister of Welfare will prescribe the policy and fees of medical care under this Law. However, this does not purport at all that the medical policy now in operation under the former Law will be limited or lowered. Hence, you must make efforts to familiarize the related agencies with this purport, lest this point should be misunderstood.

3. The principle is that the medical care under this Law should not be provided without justifiable reasons, so to speak, be confined to the minimum medical care. Accordingly, in order to insure a fair and appropriate payment of the fees of medical care, pertinent measures should be taken in the review and investigations on the details of medical care and fees of medical care of the designated medical agency.

In making the review and investigations on the fees of medical care, you must make efforts to ask the opinion of the reviewing committee as provided for in the Social Insurance Medical Fee Fund Law. The details of treatment in this case will separately be notified.

In other cases you should consult with this Ministry in advance, with a copy of the agreement or operation in the case of utilizing the National Health Insurance Medical Treatment Adjustment Council, or, in the other cases, with such informations as the name of To, Do, Fu or prefecture or city, town or village in which the reviewing organ is to be established, the composition of the reviewing organ, the average number of cases treated per month, and the unit price of administrative cost per case with an explanation on the basis of computing it.

4. In making a spot-check of the designated medical agency in accordance with the provisions of Article 54 of the Law, the Governor of To, Do, Fu or prefecture should order the competent prefectural official or medical service inspector who is a physician to do so or a social welfare secretary to go with him in the spot-check concerned, and besides ask them to be prudent and cautious enough in any deviation from the matters pertaining to the purpose of the spot-check as provided for in the Law.

#### IX. Matters Concerning the Rights and Obligations of the Recipient.



1. The new Law has made clear a position to be occupied by the recipient in this Law and thereby guaranteed the rights of the recipient and imposed the binding obligations upon the recipient. Adequate guidance should be given to the recipient in the fulfillment of those obligations, and furthermore the most thoughtful consideration should be given lest the recipient should fall into the abuses of their rights.

2. A prudent caution should be employed in dealing with a disposition of suspension, closing, etc. of assistance in the case when the recipient has violated the obligations to be abided by him so that an improper infringement of the rights of the recipient will not be constituted.

#### X. Matters concerning Appeals.

1. The system of appeal to which way was opened by a partial amendment of the enforcement regulations of the former Law was merely put into operation as the procedures in dealing with the administrative business. On the other hand the appeal under the new Law is a legal system built up on the people's right to claim assistance, and it is of vital importance because of its guaranteeing the rights of the recipients. Hence, you must exercise prudence and caution in its treatment, lest anything to be hoped for should be left in defending the rights of the people.

2. The matters for which an appeal may be filed cover any of the dispositions conducted by the mayor of city, town or village concerning assistance, but only an appeal for a disposition made in the responsibility and authority of the mayor of city, town or village may be accepted. Accordingly, it is needless to say that an appeal against the matters pertaining to the authority of the Governor of To, Do, Fu or prefecture or the Minister of Welfare, for instance, an appeal containing an over-all modification of the standard of assistance, the designation of the medical agencies and so on will not be accepted.

3. The new Law provides that an appeal is required to be submitted through the mayor of city, town or village. This means that as the governor of To, Do, Fu or prefecture will be unfair in deciding the case, only listening to an assertion of one side, he is required to ask the opinion of the other side. This also aims to give the mayor of city, town or village an opportunity through which he can reflect upon a disposition of decision on assistance made by himself. At this opportunity you must furnish the mayor of city, town or village with guidance in order that he will immediately modify the disposition made by him, and make a proper decision on assistance again, not waiting for the decision by the Governor of To, Do, Fu or prefecture or the judgement by the Minister of Welfare, if he has found his own mistake in handling the appeal.

4. Nothing to be desired will be left in dealing with cases of appeal by studying various procedures pertaining to appeals as provided for in detail in Article 3 to 8 inclusive of the Ordinance.

#### XI. Matters Concerning the Expenses.

1. When the daily life security system is, however perfect in its form the principles may be, not sufficient in the expenses required for its administration, its effects will consequently be impaired to a considerable extent. Accordingly, To, Do, Fu or prefecture and the city, town or village are required to keep it in mind to include the expenses necessary and adequate for the administration of this Law in the budget, and disburse them.

Since the expense shared by the city, town or village comes to a fairly large amount of money, even though its share is of a low rate, the administration of assistance was frequently liable to be distorted because of financial reasons in the city, town or village. Such should not be allowed from the purport of the Law, and it is expected that with respect to the financial resources thereof the necessary amount of shares will be available after the Local Equalization Grant Law has been carried into operation in the near future. Under these circumstances, such attention should be given so that a fair and appropriate enforcement of this Law may not be impaired.



2. With respect to the administrative expense for entrusting incident to the placing of the recipient in an appropriate institution other than the protective institution or entrusting him to an appropriate institutions or private home, it has been decided that its standard will be set up apart from the administrative expense of the protective institution. Therefore measures should be taken in accordance with a notification to be issued separately.

3. In accordance with the provisions of Article 72 paragraph 1 of the Law, the city, town or village in which the protective institution is located is obligated to temporarily make an advance payment of the assistance expense and the administrative expense of the protective institution lest troubles should be brought about in the assistance of the recipient whose contact with the administrative organ is not adequate or in the assistance or management of the protective institution of which the recipient avail themselves. This measure will necessarily result in imposing a financial burden, even if temporary, upon the city, town or village in which the protective institution is located. Therefore, the Governor of To, Do, Fu or prefecture is requested, in case there is any institution requiring the designation of the Minister of Welfare in accordance with the provisions of Article 72 paragraph 1 of the Law in area under his jurisdiction, to submit to the Chief of Social Affairs Bureau of this Ministry an application for the designation of the protective institutions in accordance with the provisions of Article 72 of the Law, with not only such informations as the name, location and type of service of the institution or agency, an appropriate number of the recipients in need of temporary advance payment by place of birth, a total amount of one month's expense necessary for temporary advance payment but also a written concurrence of the city, town or village related,

4. An exceptional treatment of the computation of the period as prescribed in Article 21 of the Regulations is, as in the former Law, intended to alleviate the financial burden imposed upon the city, town or village in which the institution is located. A treatment in case of receiving assistance in the lodging protective institution or mother's home has been made different from that in the past, which should not be mistaken.

5. In case To, Do, Fu or prefecture intends to subsidize the expenses necessary for repair, remodeling, expansion or equipment of the protective institution established by a public interest juridical person, it is the essential requirements for the protective institution to satisfy each item of Article 74 paragraph 1 of the Law, and besides to be subject to a strict supervision as prescribed in paragraph 2 of the same Article. Therefore, you must take a particularly cautious attitude in that treatment.

6. With respect to the treatment of the shares to be borne by the national treasury concerning the assistance expense, welfare commissioners expense, administrative expense of the protective institution, administrative expense for entrusting and equipment expense of the protective institution, a notification will separately be issued.

## XII. Other Matters.

1. Even after the enforcement of the new Law the notification issued under the former Law will, for the time being, be treated as effective in so far as these treatments are not contrary to the purport of this Law. Later on you will be separately be instructed in detail as to the amendment or abolition of these notifications.

2. When any treatment or procedure carried into operation under the former Law has become to be modified in consequence of the enforcement of the new Law, you must give attention to its immediate readjustment so that any delay or gap in the assistance business based upon the purport of the new Law will not be brought about. When you have prescribed or modified any by-laws, regulations, or enforcement procedures of To, Do, Fu or prefecture as the result of the enforcement of the new Law, you are requested to make a report of it to this Ministry without delay.



Inclosure No. 4 missing







DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES IN JAPAN  
FOR THE WEEK ENDED 20 MAY 1950

During the twentieth week, ended 20 May 1950, there were 24,269 cases of the 31 communicable diseases (exclusive of the four venereal diseases) compared with 26,853 cases reported for the same diseases last week. Totals for ten diseases (diphtheria, malaria, epidemic meningitis, measles, tuberculosis, pneumonia, influenza, tetanus, puerperal infection, and infectious diarrhea) were lower this week than in either last week or in the twentieth week of last year. Three others (typhoid fever, scarlet fever, and poliomyelitis) were higher currently. There were no cases reported for cholera, plague, yellow fever, anthrax, glanders, or dengue fever in any of the three periods. Schistosomiasis cases were higher this week than in the preceding week, while filariasis cases were lower. An unverified report of two cases of tsutsugamushi disease was not included in this digest. No data for the last three diseases are available for 1949. For the remaining nine diseases current totals fell between totals reported for the other two periods. Comparisons with last week are based upon corrected figures.

There were about the same numbers of diphtheria cases reported this week (221) and last week (223). Deaths decreased from 21 to 16. The present case figure was 25 percent less than that (295) recorded for the twentieth week of last year and 30 percent below the corresponding 1948 total (316). Twenty prefectures reported fewer cases this week than last week, seventeen had more, and eight did not change, while the one remaining prefecture (Yamanashi) has reported no cases during the past four weeks. Fukuoka Prefecture with 26 cases and Tokyo-to and Nagasaki with 13 cases each together accounted for nearly a fourth of this week's total cases. Cases in 39 additional prefectures ranged from one to nine. The current and cumulative case rates were 14.2 and 17.4 respectively. Corresponding death rates were 1.0 and 1.8.

Dysentery cases decreased slightly, from 529 last week to 516 currently. Deaths, however, increased from 73 to 98. This week's cases were well over four times those recorded for the corresponding periods of last year (112) and 1948 (126). There were increases over last week in nearly half (22) of the prefectures, decreases in sixteen, and no change in four, while no cases have been recorded for two weeks or longer in the remaining four. Cases in Tokyo-to decreased from 219 last week to 129 currently, a fourth of the present total. From 1 to 40 cases were reported by 36 additional prefectures. Bacillary dysentery accounted for 506 cases and 97 deaths, amebic dysentery the remaining 10 cases and one death. The current and cumulative case rates for all dysentery were 33.3 and 9.9 respectively. The corresponding death rates were 6.3 and 1.9.

The number of typhoid fever cases this week (172) was 85 percent higher than in the preceding period (93). Deaths also increased, from 9 to 19. Present cases were approximately two and a fourth times those (76) in the twentieth week of last year but over 20 percent below the total (218) for the same period of 1948. Increases over last week occurred in almost half (21) of the prefectures, decreases in five, and no change in eight. No cases have been reported for two or more weeks in the remaining twelve prefectures. The largest increase occurred in Saitama Prefecture, from 7 to 42 cases, the present number being about a fourth of the total. Neighboring Tokyo-to and Kanagawa had 19 and 13 cases respectively, and thirty additional prefectures had from one to nine cases each. The current and cumulative case rates were 11.1 and 4.3 respectively. Corresponding death rates were 1.2 and 0.6.

Paratyphoid fever cases numbered 44 this week, approximately the same as in the preceding period (46). There were three current deaths compared with none previously. Cases this week were nearly twice those (23) in the same period of last year but were about a third below the corresponding 1948 total (67). Half (23) of the prefectures have reported no cases for at least two weeks. Eleven showed increases over last week, seven decreases, and the remaining five stayed the same. Eleven of the present cases occurred in Saitama Prefecture and there were from one to five cases in each of eighteen additional prefectures. The current and cumulative case rates were 2.8 and 1.2 respectively. Corresponding death rates were 0.2 and 0.1.



There have been no smallpox cases reported for seven weeks and no deaths thus far this year. Last year at this time there were four cases and in the same period of 1948 two. The cumulative case rate as of 20 May 1950 was less than 0.1.

Half as many typhus fever cases were reported this week (7) as in the previous week (14). There were no current deaths but last week there was one. During the twentieth weeks of last year and 1948 there were one and four cases respectively. The prefecture reporting all seven cases this week was Hiroshima. Current and cumulative case rates were 0.5 and 2.6 respectively, while the cumulative death rate was 0.2.

There were 17 cases of malaria reported this week compared with 19 last week. The number of deaths (1) has stayed the same for the past four weeks. Cases in the twentieth week of last year (113) were over six times and those (91) in the same period of 1948 over five times the present total. The majority (27) of the prefectures have reported no cases for two or more weeks. Prefectural changes from last week were equally divided between decreases (7) and increases (7), while the remaining five prefectures stayed the same. This week's cases were distributed among twelve prefectures from one to four in each. The current and cumulative case rates were 1.1 and 0.8 respectively, while corresponding death rates were both 0.1.

No Japanese "B" encephalitis cases were reported this week whereas there was one case last week. No deaths have been reported thus far this year. Records for the twentieth weeks of last year and 1948 show no cases for either period. The cumulative case rate as of 20 May 1959 was less than 0.1.

There were 178 cases of scarlet fever this week compared with 168 cases last week, an increase of 6 percent. Deaths (1) have remained the same for three weeks. The present case figure was nearly 60 percent higher than that (113) recorded for the same week of last year and about twice the corresponding 1948 total (90). Cases increased over last week in eighteen prefectures and decreased in the same number. They did not change in three other prefectures and no cases have been reported for two or more weeks in the remaining seven. Over a third of all cases this week occurred in Osaka (37) and Tokyo-to (27), the same two prefectures that reported the largest numbers of cases last week. Thirty-one additional prefectures currently reported cases ranging from one to twelve. The current and cumulative case rates were 11.5 and 6.1 respectively, while death rates were 0.1 and less than 0.1.

The number of epidemic meningitis cases this week (15) was somewhat below last week's figure (17). Deaths also decreased slightly, from 6 to 5. There were 17 cases recorded for the twentieth week of last year and 41 cases for the same period of 1948. Nearly two-thirds (29) of the prefectures have reported no cases for at least two weeks. Seven prefectures had decreases from last week, six increases, while the remaining four did not change. This week's cases occurred in twelve prefectures, one or two in each. The current and cumulative case rates were 1.0 and 1.5 respectively. Corresponding death rates were 0.3 and 0.4.

Measles cases decreased 12 percent, from 2,590 last week to 2,275 currently. The present number was less than a fourth of the figure (9,484) recorded for the same week of last year but was slightly higher than the corresponding 1948 total (2,209). Decreases from last week occurred in 24 prefectures and increases in 22. The two largest numeric changes this week were both decreases and occurred in Saitama Prefecture (from 273 to 164 cases) and Gifu Prefecture (201 to 101). Aichi and Saitama Prefectures, having 201 and 164 cases respectively, together accounted for almost a sixth of this week's total cases, while two other prefectures, both located in southern Honshu, that had an additional eighth of the total were Hiroshima (139) and Okayama (135). Cases in the remaining 42 prefectures ranged from zero in Ishikawa to 124 in Tokyo-to. The current and cumulative case rates were 146.7 and 90.6 respectively.

The number of whooping cough cases this week (2,598) was 16 percent less than in the preceding period (3,108). It was 10 percent above the figure (2,368) recorded for the twentieth week of last year and nearly three times the total (900) for the same period of 1948. Cases decreased from last week in 28 prefectures and increased in 17, while the one remaining prefecture did not change. The most outstanding numeric change this week was a decrease in Toyama Prefecture (from 281 to



70 cases), while there was also a substantial decrease in Ibaraki Prefecture (from 187 to 58). The most nearly comparable increase was in Fukuoka Prefecture from 125 to 206 cases. About a seventh of all cases this week occurred in the two prefectures of Fukuoka (206) and Tokyo-to (170), and cases ranged from 5 to 129 in the other 44 prefectures. The current and cumulative case rates were 167.5 and 165.8 respectively.

There were 10,247 cases of tuberculosis reported this week compared with 10,546 cases previously, a decrease of 3 percent. The present number was 7 percent less than that (11,067) listed for the same week of last year but 11 percent greater than the figure (9,255) for the corresponding period of 1948. Cases decreased from last week in half (23) of the prefectures and increased in the other half. Prefectural case figures currently ranged from 21 to 1,132. Eighty-five percent (8,722) of the total cases this week were designated as respiratory tuberculosis. The current and cumulative case rates for all tuberculosis were 660.7 and 526.0 respectively.

The present number of pneumonia cases (2,660) was more than a fourth below last week's figure (3,617). It was a third below the total (4,030) for the twentieth week of last year but 7 percent above that (2,475) for the corresponding 1948 period. Most (37) of the prefectures reported decreases from last week, while eight had increases and the remaining one stayed the same. The two most outstanding numeric changes this week were decreases in neighboring Toyama (214 to 67 cases) and Nagano (199 to 93). Saitama Prefecture reported 183 cases this week and the other 45 prefectures from 15 to 128 cases each. The current and cumulative case rates were 171.5 and 285.4 respectively.

Influenza cases (20) decreased to less than a third of last week's number (71). They were a seventh of those (140) in the twentieth week of last year and under a fourth of the corresponding 1948 total (89). About three-fourths (35) of the prefectures have reported no cases for at least two weeks, while six others reported fewer cases this week than in the preceding week and the five remaining prefectures more cases. Fukui Prefecture reported the only notable numeric change, from 51 cases last week to none currently. This week's cases occurred in six prefectures and ranged from one to nine. The current and cumulative case rates were 1.3 and 54.0 respectively.

The number of poliomyelitis cases increased from 36 last week to 46 in the present period. During the twentieth weeks of last year (33) and 1948 (15) cases were about two-thirds and one-third respectively of the current number. Prefectural changes from last week were equally divided between increases and decreases (13). Six prefectures stayed the same this week as last week and fourteen others have reported no cases for two weeks or longer. Present cases were distributed among half (23) of the prefectures, from one to nine in each. The current and cumulative case rates were 3.0 and 1.9 respectively.

There were 40 cases of tetanus reported this week, nearly a fourth fewer than last week (52). Cases in the twentieth weeks of last year and 1948 numbered 50 and 41 respectively. Decreases from last week occurred in nearly half (22) of the prefectures, increases in fourteen, and no change in two. The remaining eight prefectures have reported no cases during the past two or more weeks. Twenty-one prefectures accounted for this week's cases, from one to five in each. The current and cumulative case rates were 2.6 and 2.0 respectively.

Eleven cases of puerperal infection were reported this week, half as many as there were last week (22). There were 15 cases last year at this time and 13 during the corresponding 1948 period. No cases have been reported during the past two or more weeks in 26 of the prefectures. Cases decreased from last week in twelve prefectures, increased in four, and remained the same in four. Ten prefectures reported this week's cases and had one or two each. The current and cumulative case rates were 0.7 and 1.1 respectively.

No rabies cases have been reported for two weeks. One case was recorded last year at this time and two cases during the comparable 1948 week. The cumulative case rate as of 20 May 1950 was 0.1.

Leprosy cases decreased from 17 last week to 14 currently. During the twentieth weeks of last year and 1948 cases numbered 13 and 21 respectively. The (2) prefectures reported no cases for the first time in the series. Changes from last week in eight (3) prefectures included increases in



majority (29) of the prefectures have reported no cases for at least two weeks. There were decreases from last week in eight prefectures, increases in seven, and no change in the remaining two. Ten prefectures reported cases this week, from one to four each. The current and cumulative case rates were 0.9 and 0.8 respectively.

The number of trachoma cases this week (5,170) was 9 percent less than in the preceding period (5,673). It was 14 percent greater than the figure (4,521) recorded for the twentieth week of last year and 45 percent above that (3,556) for the same period of 1948. There were decreases from last week in 25 prefectures and increases in the other 21. Prefectural case figures ranged from 4 to 812. The current and cumulative case rates were 333.3 and 173.0 respectively.

No cases of infectious diarrhea were reported this week whereas there was one case last week. Last year at this time there were eleven cases. The cumulative case rate as of 20 May 1950 was 0.1.

Schistosomiasis cases numbered 16 this week, over twice last week's figure (7). There are no available data for either last year or 1948. All 16 cases were in Yamanashi, the same prefecture that reported the seven cases last week. The current and cumulative case rates were 1.0 and 0.5 respectively.

There were no cases of filariasis reported in the present week. Last week there were three cases. No data are available for last year or 1948. The cumulative case rate as of 20 May 1950 was 0.1.

The four venereal diseases accounted for 6,540 cases this week compared with 6,731 in the previous week. Current and cumulative numbers of syphilis cases this week were 2,552 and 50,797 respectively; gonorrhea cases, 3,663 and 64,188; chancroid cases, 319 and 6,294; and lymphogranuloma venereum cases, 6 and 2.00. Present totals for syphilis and gonorrhea were both lower than in the preceding week when they numbered 2,710 and 3,707 respectively. Totals for the other two diseases were higher currently than last week, at which time there were 310 chancroid cases and 4 lymphogranuloma venereum cases. This week's totals were all lower than those for the twentieth week of last year. During that week there were 4,477 cases of syphilis, 4,133 cases of gonorrhea, 500 cases of chancroid, and 11 cases of lymphogranuloma venereum. The current and cumulative case rates for each of these diseases as of 20 May 1950 were: syphilis, 164.5 and 163.8 respectively; gonorrhea, 236.2 and 206.9; chancroid, 20.6 and 20.3; and lymphogranuloma venereum, 0.4 and 0.7.



SUMMARY REPORT OF CASES AND DEATHS FROM  
COMMUNICABLE DISEASES IN JAPAN  
WEEK ENDED 20 MAY 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	8	-	*367	34	5	2	54	10
AOMORI	4	-	126	23	-	-	2	-
IWATE	6	1	153	20	1	-	44	5
MIYAGI	4	-	135	6	5	1	*48	9
AKITA	9	2	176	10	2	1	26	10
YAMAGATA	6	-	67	6	12	3	39	11
FUKUSHIMA	2	-	134	16	31	9	65	15
IBARAKI	3	-	75	2	10	5	80	36
TOCHIGI	5	1	80	11	3	1	46	20
GUMMA	3	-	52	2	22	4	147	29
SAITAMA	7	-	137	12	40	8	*243	62
CHIBA	2	1	53	10	20	5	76	26
TOKYO	13	-	*342	32	129	14	*724	109
KANAGAWA	5	-	124	13	17	-	126	17
NIIGATA	3	-	186	9	40	4	448	34
TOYAMA	3	-	74	7	5	2	13	5
ISHIKAWA	7	2	102	13	5	1	76	2
FUKUI	2	-	46	4	3	-	10	1
YAMANASHI	-	-	19	3	1	-	8	3
NAGANO	3	-	95	7	1	1	13	3
GIFU	3	-	43	7	-	-	12	6
SHIZUOKA	2	-	88	7	36	11	150	27
AICHI	4	-	132	8	15	1	83	21
MIE	2	-	65	7	12	3	36	11
SHIGA	1	-	29	2	-	-	6	-
KYOTO	4	-	83	12	7	1	41	9
OSAKA	7	-	208	34	14	2	86	11
HYOGO	5	1	205	19	4	1	69	21
NARA	-	-	48	5	-	-	-	-
WAKAYAMA	1	-	31	1	1	-	6	1
TOTTORI	-	-	20	4	1	1	7	4
SHIMANE	3	-	95	7	4	-	10	-
OKAYAMA	2	-	61	5	2	2	9	5
HIROSHIMA	9	-	148	11	10	2	42	12
YAMAGUCHI	7	1	149	11	-	1	8	1
TOKUSHIMA	5	1	56	9	-	-	5	-
KAGAWA	3	-	31	2	-	1	6	4
EHIME	4	-	72	10	4	1	12	5
KOCHI	1	-	38	10	1	1	5	3
FUKUOKA	26	2	420	41	11	4	*76	13
SAGA	2	1	102	9	2	1	5	1
NAGASAKI	13	-	209	11	-	-	5	-
KUMAMOTO	8	1	86	8	28	3	69	13
OITA	-	-	110	21	-	-	9	5
MIYAZAKI	5	-	192	21	11	-	26	5
KAGOSHIMA	9	2	144	25	1	1	3	1
<hr/>								
TOTAL	221	16	*5408	547	516	98	*3074	586
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RATE								
Current	14.2	1.0	17.4	1.8	33.3	6.3	9.9	1.9
Previous	14.4	1.4			34.1	4.7		

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	1	48	9	-	1	14	4
AOMORI	1	-	22	2	1	-	9	-
IWATE	1	-	14	2	2	-	9	1
MIYAGI	2	2	41	6	1	-	30	1
AKITA	-	-	8	5	-	-	4	-
YAMAGATA	1	-	11	-	-	-	6	1
FUKUSHIMA	3	1	29	2	-	-	2	-
IBARAKI	1	-	23	4	-	-	3	2
TOCHIGI	-	-	*11	2	-	-	4	-
GUMMA	5	-	26	2	1	-	12	-
SAITAMA	42	1	87	9	11	2	22	2
CHIBA	5	1	34	5	-	-	6	-
TOKYO	19	4	237	38	5	-	82	2
KANAGAWA	13	2	79	6	1	-	14	-
NIIGATA	6	-	45	5	4	-	14	-
TOYAMA	-	-	7	1	4	-	8	-
ISHIKAWA	-	-	9	2	-	-	-	-
FUKUI	-	-	6	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	1	-	6	2	1	-	1	-
GIFU	5	1	30	5	1	-	12	1
SHIZUOKA	4	1	30	3	1	-	13	-
AICHI	4	1	39	9	-	-	13	-
MIE	4	-	39	10	-	-	1	-
SHIGA	1	1	14	2	-	-	2	-
KYOTO	9	-	50	8	-	-	5	-
OSAKA	4	-	60	7	-	-	9	1
HYOGO	8	-	57	5	-	-	7	-
NARA	5	-	28	3	1	-	4	-
WAKAYAMA	1	-	13	2	-	-	7	-
TOTTORI	-	-	5	-	-	-	-	-
SHIMANE	1	-	20	3	-	-	-	1
OKAYAMA	9	2	28	5	-	-	1	1
HIROSHIMA	5	-	68	9	3	-	21	1
YAMAGUCHI	1	-	8	2	1	-	2	-
TOKUSHIMA	1	-	16	6	2	-	17	2
KAGAWA	-	-	1	-	-	-	5	1
EHIME	-	-	4	1	-	-	-	-
KOCHI	3	1	26	5	1	-	5	-
FUKUOKA	1	-	25	1	2	-	9	-
SAGA	-	-	4	-	-	-	3	-
NAGASAKI	1	-	16	1	-	-	1	-
KUMAMOTO	-	-	13	2	1	-	6	-
OITA	-	-	3	-	-	-	-	-
MIYAZAKI	1	-	9	1	-	-	4	-
KAGOSHIMA	-	-	-	-	-	-	-	-
<hr/>								
TOTAL	172	19	*1349	192	44	3	387	20
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RATE								
Current	11.1	1.2	4.3	0.6	2.8	0.2	1.2	0.1
Previous	6.0	0.6			3.0			

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	-	-	-	-	*14	*1
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	5	-
MIYAGI	-	-	1	-	-	-	7	1
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	4	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBARAKI	-	-	-	-	-	-	11	2
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	-	-	24	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	-	-	-	-	15	1
TOKYO	-	-	-	-	-	-	229	20
KANAGAWA	-	-	1	-	-	-	423	23
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	3	-
AICHI	-	-	-	-	-	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	-	-	-	-	32	-
NARA	-	-	-	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	1	-
OKAYAMA	-	-	-	-	-	-	1	-
HIROSHIMA	-	-	-	-	7	-	9	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	1	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	-	-	3	-	7	-	*800	51
RATE								
Current	-	-	0.0	-	0.5	-	2.6	0.2
Previous	-	-			0.9	0.1		

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	MALARIA				JAP. "B" ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	3	-	-	-	-	-
AOMORI	1	-	3	-	-	-	-	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	-	-
AKITA	-	-	4	1	-	-	-	-
YAMAGATA	-	-	2	-	-	-	-	-
FUKUSHIMA	-	-	4	1	-	-	-	-
IBARAKI	-	1	8	1	-	-	-	-
TOCHIGI	-	-	2	-	-	-	-	-
GUMMA	-	-	10	-	-	-	-	-
SAITAMA	-	-	10	-	-	-	-	-
CHIBA	-	-	2	-	-	-	-	-
TOKYO	1	-	21	1	-	-	-	-
KANAGAWA	-	-	3	-	-	-	-	-
NIIGATA	-	-	2	-	-	-	-	-
TOYAMA	-	-	4	-	-	-	-	-
ISHIKAWA	-	-	4	1	-	-	-	-
FUKUI	-	-	5	1	-	-	-	-
YAMANASHI	-	-	4	-	-	-	-	-
NAGANO	-	-	6	1	-	-	-	-
GIFU	2	-	6	1	-	-	-	-
SHIZUOKA	-	-	3	-	-	-	-	-
AICHI	-	-	7	-	-	-	-	-
MIE	1	-	9	-	-	-	-	-
SHIGA	4	-	13	1	-	-	-	-
KYOTO	1	-	8	1	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	5	-	-	-	-	-
NARA	-	-	2	1	-	-	-	-
WAKAYAMA	-	-	1	-	-	-	-	-
TOTTORI	-	-	2	-	-	-	-	-
SHIMANE	-	-	1	-	-	-	-	-
OKAYAMA	1	-	5	-	-	-	-	-
HIROSHIMA	-	-	7	-	-	-	-	-
YAMAGUCHI	-	-	2	-	-	-	-	-
TOKUSHIMA	2	-	3	-	-	-	1	-
KAGAWA	-	-	1	-	-	-	-	-
EHIME	1	-	4	-	-	-	-	-
KOCHI	-	-	1	-	-	-	-	-
FUKUOKA	-	-	23	2	-	-	-	-
SAGA	-	-	5	-	-	-	-	-
NAGASAKI	1	-	12	-	-	-	-	-
KUMAMOTO	-	-	2	-	-	-	-	-
OITA	-	-	4	-	-	-	-	-
MIYAZAKI	-	-	4	-	-	-	-	-
KAGOSHIMA	1	-	8	5	-	-	-	-
<hr/>								
TOTAL	17	1	237	20	-	-	1	-
<hr/>								
RATE								
Current	1.1	0.1	0.8	0.1	-	-	0.0	-
Previous	1.2	0.1			0.1	-		

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	85	1	2	-	37	10
AOMORI	1	-	16	-	1	-	12	2
IWATE	3	-	26	1	-	-	7	3
MIYAGI	2	-	26	-	-	-	36	9
AKITA	1	-	28	-	-	-	6	1
YAMAGATA	-	-	13	-	1	1	25	4
FUKUSHIMA	1	-	14	-	1	-	11	4
IBARAKI	4	-	10	-	1	-	12	2
TOCHIGI	-	-	5	-	-	-	8	-
GUMMA	7	-	63	-	-	-	5	-
SAITAMA	2	-	61	1	-	-	9	3
CHIBA	1	-	23	-	-	-	9	4
TOKYO	27	-	*462	2	2	-	83	19
KANAGAWA	11	-	129	-	1	-	20	8
NIIGATA	1	-	15	-	-	-	5	-
TOYAMA	1	-	14	-	1	1	9	1
ISHIKAWA	-	-	5	-	-	-	4	1
FUKUI	-	-	44	-	-	-	1	1
YAMANASHI	8	-	17	-	-	-	4	2
NAGANO	8	-	93	1	-	-	10	1
GIFU	1	-	14	-	-	-	5	1
SHIZUOKA	2	-	21	1	1	-	8	2
AICHI	11	1	104	2	-	-	8	2
MIE	3	-	35	-	-	-	4	1
SHIGA	3	-	47	-	-	-	6	3
KYOTO	9	-	115	-	-	-	8	4
OSAKA	37	-	188	1	-	1	26	7
KYOGO	2	-	50	-	-	-	5	-
NARA	5	-	15	-	-	-	-	-
WAKAYAMA	-	-	8	-	-	-	2	2
TOTTORI	-	-	1	-	-	-	4	1
SHIMANE	-	-	21	-	-	-	-	-
OKAYAMA	2	-	31	-	-	-	2	-
HIROSHIMA	12	-	31	-	2	-	10	4
YAMAGUCHI	1	-	7	-	-	-	6	2
TOKUSHIMA	1	-	5	-	-	-	1	-
KAGAWA	-	-	3	-	-	-	3	-
EHIME	1	-	4	-	-	-	3	-
KOCHI	-	-	8	-	1	-	1	-
FUKUOKA	3	-	20	1	-	-	18	3
SAGA	2	-	4	1	1	1	2	1
NAGASAKI	3	-	10	-	-	-	5	1
KUMAMOTO	-	-	3	-	-	-	6	4
OITA	-	-	2	-	-	-	2	-
MIYAZAKI	-	-	5	-	-	-	2	1
KAGOSHIMA	-	-	4	-	-	1	3	1
TOTAL	178	1	*1905	12	15	5	453	115
RATE								
Current	11.5	0.1	6.1	0.0	1.0	0.3	1.5	0.4
Previous	10.8	0.1			1.1	0.4		

See footnotes at end of table.



PREFECTURE	MEASLES		WHOPPING COUGH	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	60	741	34	980
AOMORI	41	231	9	508
IWATE	54	488	42	894
MIYAGI	11	268	20	556
AKITA	30	319	26	570
YAMAGATA	2	102	5	277
FUKUSHIMA	78	807	82	1302
IBARAKI	20	211	58	2128
TOCHIGI	58	832	17	592
GUMMA	53	1493	61	1008
SAITAMA	164	2999	103	3031
CHIBA	28	338	37	836
TOKYO	124	1045	170	4076
KANAGAWA	58	612	86	2143
NIIGATA	30	331	52	1204
TOYAMA	2	145	70	2313
ISHIKAWA	-	39	35	559
FUKUI	32	362	24	525
YAMANASHI	13	155	43	634
NAGANO	107	1278	68	1188
GIFU	101	1189	10	503
SHIZUOKA	99	1390	105	2403
AICHI	201	2860	67	1335
MIE	26	179	96	1173
SHIGA	13	145	70	688
KYOTO	3	42	54	1137
OSAKA	15	153	113	1627
KYOGO	47	342	85	1658
NARA	5	27	11	203
WAKAYAMA	5	81	54	938
TOTTORI	3	4	16	220
SHIMANE	1	15	16	483
OKAYAMA	135	611	25	452
HIROSHIMA	139	1166	129	1616
YAMAGUCHI	13	39	24	468
TOKUSHIMA	93	1150	26	759
KAGAWA	100	1621	22	685
EHIME	68	1336	93	1231
KOCHI	84	929	58	619
FUKUOKA	53	518	206	2531
SAGA	21	94	27	573
NAGASAKI	40	427	72	1087
KUMAMOTO	13	242	71	1577
OITA	2	28	27	688
MIYAZAKI	7	237	64	922
KAGOSHIMA	23	477	15	516
<hr/>				
TOTAL	2,275	28,098	2,598	51,416
<hr/>				
RATE				
Current	146.7	90.6	167.5	165.8
Previous	167.0		200.4	

See footnotes at end of table.



PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	702	13828	125	4817
AOMORI	96	3015	30	1544
IWATE	235	3560	111	2066
MIYAGI	252	3653	59	2002
AKITA	158	2682	66	1414
YAMAGATA	116	2161	60	1301
FUKUSHIMA	253	2951	95	2485
IBARAKI	88	2099	34	2336
TOCHIGI	89	1347	40	1930
GUMMA	175	2495	85	3433
SAITAMA	346	4740	183	6048
CHIBA	316	2919	34	1357
TOKYO	1132	17919	74	3546
KANAGAWA	323	5050	68	2421
NIIGATA	148	3413	64	2713
TOYAMA	80	2996	67	2978
ISHIKAWA	147	2529	20	984
FUKUI	104	1765	28	1123
YAMANASHI	94	903	35	899
NAGANO	315	3942	93	3851
GIFU	154	2689	35	1790
SHIZUOKA	181	3201	48	2245
AICHI	679	8193	124	3977
MIE	191	2948	60	1579
SHIGA	93	1524	35	1211
KYOTO	284	4386	26	1039
OSAKA	490	8384	62	1641
HYOGO	287	5877	46	1887
NARA	21	826	19	502
WAKAYAMA	100	1353	25	822
TOTTORI	24	1083	15	571
SHIMANE	130	1715	26	959
OKAYAMA	231	3344	63	2123
HIROSHIMA	375	4637	126	2375
YAMAGUCHI	120	2714	21	927
TOKUSHIMA	87	980	31	977
KAGAWA	122	1388	43	1297
EHIME	150	2145	75	2472
KOCHI	73	1108	37	774
FUKUOKA	488	7296	128	*2743
SAGA	115	1824	33	939
NAGASAKI	216	2761	51	1352
KUMAMOTO	132	2278	84	1849
OITA	120	1954	21	926
MIYAZAKI	136	2299	39	1326
KAGOSHIMA	79	2278	16	992
<hr/>				
TOTAL	10,247	163,152	2,660	*88,543
<hr/>				
RATE				
Current	660.7	526.0	171.5	285.4
Previous	680.0		233.2	

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	3	813	1	36
AOMORI	-	-	-	2
IWATE	-	-	-	10
MIYAGI	-	4	2	34
AKITA	-	1149	-	4
YAMAGATA	-	32	-	7
FUKUSHIMA	-	-	-	13
IBARAKI	-	49	-	14
TOCHIGI	-	26	-	3
GUMMA	1	394	1	17
SAITAMA	9	272	1	16
CHIBA	-	213	-	2
TOKYO	-	358	9	63
KANAGAWA	-	287	-	14
NIIGATA	1	779	1	8
TOYAMA	-	195	-	7
ISHIKAWA	-	94	1	9
FUKUI	-	565	-	2
YAMANASHI	-	263	2	5
NAGANO	-	173	-	15
GIFU	2	2368	1	5
SHIZUOKA	-	463	4	35
AICHI	-	1294	2	15
MIE	-	628	1	10
SHIGA	-	227	-	-
KYOTO	-	440	-	3
OSAKA	-	394	-	3
HYOGO	-	1380	2	14
NARA	-	433	-	3
WAKAYAMA	-	256	-	1
TOTTORI	-	111	-	6
SHIMANE	-	618	-	-
OKAYAMA	-	415	2	16
HIROSHIMA	-	155	1	5
YAMAGUCHI	-	98	-	-
TOKUSHIMA	-	103	1	6
KAGAWA	4	84	-	4
EHIME	-	149	1	15
KOCHI	-	6	-	5
FUKUOKA	-	697	6	38
SAGA	-	118	1	6
NAGASAKI	-	150	1	4
KUMAMOTO	-	5	1	18
OITA	-	411	2	34
MIYAZAKI	-	68	2	70
KAGOSHIMA	-	-	-	3
<hr/>				
TOTAL	20	16,737	46	600
<hr/>				
RATE				
Current	1.3	54.0	3.0	1.9
Previous	4.6		2.3	

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	1	12	1	27
AOMORI	-	3	1	9
IWATE	-	5	-	6
MIYAGI	1	10	-	7
AKITA	-	6	1	22
YAMAGATA	2	5	1	7
FUKUSHIMA	2	12	1	5
IBARAKI	2	35	-	8
TOCHIGI	-	15	-	4
GUMMA	-	29	-	11
SAITAMA	-	17	-	*30
CHIBA	3	25	-	2
TOKYO	3	25	-	7
KANAGAWA	-	16	-	2
NIIGATA	-	7	-	6
TOYAMA	-	7	-	20
ISHIKAWA	1	4	-	4
FUKUI	-	2	-	5
YAMANASHI	-	7	-	7
NAGANO	2	19	2	13
GIFU	-	11	1	6
SHIZUOKA	3	20	-	9
AICHI	5	24	-	12
MIE	-	12	1	5
SHIGA	-	6	-	6
KYOTO	2	9	-	6
OSAKA	-	12	-	4
HYOGO	1	8	-	6
NARA	-	7	-	2
WAKAYAMA	1	5	-	-
TOTTORI	-	7	-	4
SHIMANE	-	11	-	5
OKAYAMA	1	15	-	7
HIROSHIMA	-	12	1	11
YAMAGUCHI	2	19	-	-
TOKUSHIMA	-	11	-	8
KAGAWA	-	7	-	-
EHIME	2	19	-	4
KOCHI	1	16	1	3
FUKUOKA	-	43	-	16
SAGA	-	7	-	3
NAGASAKI	-	8	-	4
KUMAMOTO	1	16	-	11
OITA	-	10	-	2
MIYAZAKI	2	24	-	9
KAGOSHIMA	2	15	-	3
<hr/>				
TOTAL	40	615	11	*348
<hr/>				
RATE				
Current	2.6	2.0	0.7	1.1
Previous	3.4		1.4	

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	RABIES		LEPROSY	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	6
AOMORI	-	-	-	4
IVATE	-	-	-	7
MIYAGI	-	-	-	9
AKITA	-	-	-	6
YAMAGATA	-	-	-	3
FUKUSHIMA	-	-	-	5
IBARAKI	-	-	-	-
TOCHIGI	-	3	-	9
GUMMA	-	6	-	30
SAITAMA	-	3	-	1
CHIBA	-	5	-	-
TOKYO	-	2	-	14
KANAGAWA	-	3	-	1
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	1
FUKUI	-	-	-	2
YAMANASHI	-	-	2	5
NIIGANO	-	-	-	2
GIFU	-	-	1	6
SHIZUOKA	-	-	1	13
AICHI	-	-	4	12
MIE	-	-	-	2
SHIGA	-	-	-	2
KYOTO	-	-	1	3
OSAKA	-	-	-	7
HYOGO	-	-	1	3
NARA	-	-	-	4
WAKAYAMA	-	-	-	1
TOTTORI	-	-	-	3
SHIMANE	-	-	1	1
OKAYAMA	-	-	-	6
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	4
TOKUSHIMA	-	-	1	8
KAGAWA	-	-	-	2
EHIME	-	-	-	3
KOCHI	-	-	-	1
FUKUOKA	-	-	1	17
SAGA	-	-	-	1
NAGASAKI	-	-	-	5
KUMAMOTO	-	-	-	5
OITA	-	-	-	6
MIYAZAKI	-	-	1	9
KAGOSHIMA	-	-	-	4
TOTAL	-	22	14	233
RATE				
Current	-	0.1	0.9	0.8
Previous	-		1.1	

See footnotes at end of table.



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Continued

PREFECTURE	TRACHOMA		INFECTIOUS DIARRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	170	3480	-	-
AOMORI	44	2234	-	-
IWATE	148	2854	-	-
MIYAGI	76	1652	-	-
AKITA	812	2087	-	-
YAMAGATA	32	1241	-	-
FUKUSHIMA	93	892	-	-
IBARAKI	32	1167	-	-
TOCHIGI	13	948	-	-
GUMMA	413	3558	-	-
SAITAMA	86	1609	-	-
CHIBA	101	1016	-	-
TOKYO	294	2544	-	-
KANAGAWA	109	1795	-	-
NIIGATA	37	618	-	-
TOYAMA	34	495	-	-
ISHIKAWA	6	401	-	-
FUKUI	38	518	-	-
YAMANASHI	38	453	-	-
NAGANO	106	553	-	-
GIFU	13	495	-	-
SHIZUOKA	265	1234	-	-
AICHI	208	2925	-	18
MIE	126	610	-	-
SHIGA	25	176	-	-
KYOTO	9	457	-	-
OSAKA	123	1915	-	-
HYOGO	266	2968	-	-
NARA	14	449	-	-
WAKAYAMA	129	763	-	-
TOTTORI	9	215	-	-
SHIMANE	11	199	-	-
OKAYAMA	89	911	-	4
HIROSHIMA	487	2092	-	-
YAMAGUCHI	38	271	-	-
TOKUSHIMA	62	409	-	-
KAGAWA	136	724	-	-
ehime	34	460	-	-
KOCHI	23	241	-	-
FUKUOKA	166	2417	-	-
SAGA	56	426	-	-
NAGASAKI	57	1592	-	-
KUMAMOTO	51	*712	-	-
OITA	4	176	-	-
MIYAZAKI	54	446	-	-
KAGOSHIMA	33	272	-	-
<hr/>				
TOTAL	5,170	*53,670	-	22
<hr/>				
RATE				
Current	333.3	173.0	-	0.1
Previous	365.8		0.1	

See footnotes at end of table.



Weekly Report - 20 May 1950  
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PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	1
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	1
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	-	-	1
TOKYO	-	1	-	1
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	16	117	-	2
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	1
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	-	3
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	-	8	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	-	32	-	1
SAGA	-	1	-	1
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	-	5
OITA	-	-	-	1
MIYAZAKI	-	-	-	4
KAGOSHIMA	-	-	-	5
TOTAL	16	159	-	36
RATE				
Current	1.0	0.5	-	0.1
Previous	0.5		0.2	

See footnotes at end of table.



NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR  
COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Number for First 20 Weeks		
	20 May 1950	14 May 1949	15 May 1948	1950	1949	1948
<b>Cases</b>						
Diphtheria	221	295	316	5408	7057	7640
Dysentery	516	112	126	3074	1012	1194
Typhoid Fever	172	76	218	1349	1612	2250
Paratyphoid Fever	44	23	67	387	592	760
Smallpox	-	4	2	3	55	14
Typhus Fever	7	1	4	800	77	316
Malaria	17	113	91	237	690	1231
Japanese "B"						
Encephalitis	-	-	-	1	1	-
Scarlet Fever	178	113	90	1905	1791	1079
Epidemic Meningitis	15	17	41	453	622	967
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	2275	9484	2209	28098	76268	25800
Whooping Cough	2598	2368	900	51416	28803	15451
Tuberculosis	10247	11067	9255	163152	161807	129630
Pneumonia	2660	4030	2475	88543	73847	75354
Influenza	20	140	89	16737	1484	2009
Poliomyelitis	46	33	15	600	505	150
Yellow Fever	-	-	-	-	-	-
Tetanus	40	50	41	615	686	637
Puerperal Infection	11	15	13	348	385	442
Rabies	-	1	2	22	21	15
Anthrax	-	-	-	-	3	2
Glanders	-	-	-	-	-	-
Leprosy	14	13	21	233	289	261
Trachoma	5170	4521	3556	53670	50059	52364
Infectious Diarrhea	-	11	NA	22	270	NA
Dengue Fever	-	-	-	-	2	1
Tsutsugamushi disease	2	NA	NA	2	NA	NA
Schistosomiasis	16	NA	NA	159	NA	NA
Filariasis	-	NA	NA	36	NA	NA
<b>Deaths</b>						
Diphtheria	16	25	21	547	739	767
Dysentery	98	35	25	586	268	260
Typhoid Fever	19	12	24	192	216	275
Paratyphoid Fever	3	-	-	20	23	37
Smallpox	-	1	-	-	8	-
Typhus Fever	-	-	-	51	3	24
Malaria	1	1	2	20	20	12
Japanese "B"						
Encephalitis	-	-	-	-	-	-
Scarlet Fever	1	3	2	12	26	14
Epidemic Meningitis	5	8	10	115	165	240
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.



CASE AND DEATH RATES OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Rates for First 20 Weeks		
	20 May 1950	14 May 1949	15 May 1948	1950	1949	1948
<b>Case Rates</b>						
Diphtheria	14.2	19.0	20.6	17.4	22.8	24.9
Dysentery	33.3	7.2	8.2	9.9	3.3	3.9
Typhoid Fever	11.1	4.9	14.2	4.3	5.2	7.3
Paratyphoid Fever	2.8	1.5	4.4	1.2	1.9	2.5
Smallpox	-	0.3	0.1	0.0	0.2	0.0
Typhus Fever	0.5	0.1	0.3	2.6	0.2	1.0
Malaria	1.1	7.3	5.9	0.8	2.2	4.0
Japanese "B"						
Encephalitis	-	-	-	0.00	0.00	-
Scarlet Fever	11.5	7.3	5.9	6.1	5.8	3.5
Epidemic Meningitis	1.0	1.1	2.7	1.5	2.0	3.2
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	146.7	611.5	144.0	90.6	245.9	84.1
Whooping cough	167.5	152.7	58.7	165.8	92.9	50.4
Tuberculosis	660.7	713.6	603.4	526.0	521.6	422.6
Pneumonia	171.5	259.8	161.4	285.4	238.1	245.6
Influenza	1.3	9.0	5.8	54.0	4.8	6.5
Poliomyelitis	3.0	2.1	1.0	1.9	1.6	0.5
Yellow Fever	-	-	-	-	-	-
Tetanus	2.6	3.2	2.7	2.0	2.2	2.1
Puerperal infection	0.7	1.0	0.8	1.1	1.2	1.4
Rabies	-	0.1	0.1	0.1	0.1	0.0
Anthrax	-	-	-	-	0.0	0.0
Glanders	-	-	-	-	-	-
Leprosy	0.9	0.8	1.4	0.8	0.9	0.9
Trachoma	333.3	291.5	231.8	173.0	161.4	170.7
Infectious diarrhea	-	0.7	NA	0.1	0.9	NA
Dengue Fever	-	-	-	-	0.0	0.00
Tsutsugamushi disease	0.1	NA	NA	0.0	NA	NA
Schistosomiasis	1.0	NA	NA	0.5	NA	NA
Filariasis	-	NA	NA	0.1	NA	NA
<b>Death Rates</b>						
Diphtheria	1.0	1.6	1.4	1.8	2.4	2.5
Dysentery	6.3	2.3	1.6	1.9	0.9	0.8
Typhoid Fever	1.2	0.8	1.6	0.6	0.7	0.9
Paratyphoid Fever	0.2	-	-	0.1	0.1	0.1
Smallpox	-	0.1	-	-	0.0	-
Typhus Fever	-	-	-	0.2	0.0	0.1
Malaria	0.1	0.1	0.1	0.1	0.1	0.0
Japanese "B"						
Encephalitis	-	-	-	-	-	-
Scarlet Fever	0.1	0.2	0.1	0.0	0.1	0.0
Epidemic Meningitis	0.3	0.5	0.7	0.4	0.5	0.8
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.



Weekly Report - 20 May 1950  
Continued

PREFECTURE	SYPHILIS		GONORRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	110	2738	160	3817
AOMORI	13	544	22	637
IWATE	22	507	16	333
MIYAGI	24	766	14	827
AKITA	27	500	16	291
YAMAGATA	37	694	29	452
FUKUSHIMA	36	715	66	822
IBARAKI	26	568	19	458
TOCHIGI	25	810	13	784
GUMMA	40	701	47	650
SAITAMA	34	955	39	859
CHIBA	46	1002	71	880
TOKYO	170	2827	318	5428
KANAGAWA	151	3326	305	7391
NIIGATA	35	890	15	381
TOYAMA	33	650	55	795
ISHIKAWA	16	508	22	652
FUKUI	23	466	16	634
YAMANASHI	18	277	9	188
NAGANO	44	792	43	718
GIFU	52	487	32	1121
SHIZUOKA	60	1173	58	1340
AICHI	104	1995	186	2324
MIE	41	814	21	601
SHIGA	15	412	29	493
KYOTO	65	1471	118	1811
OSAKA	239	3900	124	2402
HYOGO	136	*2506	116	*2569
NARA	13	419	44	723
WAKAYAMA	21	788	71	1010
TOTTORI	13	458	13	446
SHIMANE	7	227	8	199
OKAYAMA	38	944	72	1153
HIROSHIMA	95	1549	242	3251
YAMAGUCHI	39	1413	110	2558
TOKUSHIMA	24	337	23	208
KAGAWA	34	439	42	389
EHIME	32	531	32	507
KOCHI	21	472	51	505
FUKUOKA	278	4956	675	8038
SAGA	36	622	42	839
NAGASAKI	148	2252	114	1718
KUMAMOTO	26	799	31	848
OITA	28	605	34	747
MIYAZAKI	31	470	26	523
KAGOSHIMA	26	522	54	868
TOTAL	2,552	*50,797	3,663	*64,188
RATE				
Current	164.5	163.8	236.2	206.9
Previous	174.7		239.0	

See footnotes at end of table.





NUMBER OF CASES AND CASE RATES OF  
VENEREAL DISEASES IN JAPAN FOR  
COMPARABLE PERIODS , 1948, 1949, AND 1950

DISEASES	Week Ended			Cumulative Number for		
	20 May 1950	14 May 1949	15 May 1948	First 20 Weeks		
				1950	1949	1948
<u>NUMBER</u>						
Syphilis	2552	4477	4599	50797	77494	91018
Gonorrhea	3663	4133	4981	64188	68543	99112
Chancroid	319	500	794	6294	10023	18576
Lymphogranuloma Venereum	6	11	16	211	283	313
<u>RATE</u>						
Syphilis	164.5	288.7	299.8	163.8	249.8	296.7
Gonorrhea	236.2	266.5	324.7	206.9	221.0	323.1
Chancroid	20.6	32.2	51.8	20.3	32.2	60.6
Lymphogranuloma Venereum	0.4	0.7	1.0	0.7	0.9	1.0

FOOTNOTES:

1. There were no cases or deaths reported for cholera or plague, and there were also no cases of yellow fever, anthrax, glanders, or dengue fever.
2. Rates are the numbers of cases or deaths per 100,000 population, estimated as of 1 July 1949, and are computed on an annual basis.
3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
5. "NA" indicates that data are not available.
6. \* Cumulative figures adjusted for delayed and corrected reports.





DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES  
IN JAPAN FOR THE WEEK ENDED 27 MAY 1950

During the twenty-first week, ended 27 May 1950, there were 24,364 cases of the 31 communicable diseases (exclusive of the four venereal diseases) compared with 24,264 cases reported for the same diseases last week. Totals for six diseases (diphtheria, measles, tuberculosis, pneumonia, tetanus, and leprosy) were lower this week than in either last week or in the twenty-first week of last year, while four other diseases (dysentery, paratyphoid fever, typhus fever, and whooping cough) were higher currently. No cases of Japanese "B" encephalitis, cholera, plague, yellow fever, anthrax, glanders, or dengue fever were reported during any of the three periods. Totals for eleven diseases currently fell between those reported for the other two periods. Schistosomiasis cases were lower this week than in the preceding week, filariasis cases higher, and there has been no incidence of tsutsugamushi disease so far this year. The report of two cases of this last disease noted in last week's digest but not included in the tabulations was found to be an error. Some corrections were received this week for preceding weeks in the current year. Comparisons with last week are based upon corrected totals.

Diphtheria cases decreased 15 percent, from 221 last week to 187 in the present period. Deaths also decreased, from 16 to 9. This week's case figure was more than a fourth less than that (257) recorded for the same week of last year and a third below the corresponding 1948 total (281). Twenty prefectures reported fewer cases this week than last week while seventeen others had more cases and the remaining nine the same number during both periods. Prefectural case figures currently ranged from zero in two instances (Iwate and Saga) to 14 in Aichi. The current and cumulative case rates were 12.1 and 17.2 respectively. Corresponding death rates were 0.6 and 1.7.

The number of dysentery cases reported this week (602) was 16 percent higher than in the previous week (517). Deaths, however, decreased from 98 to 87. Present cases were almost three and a half times those (176) in the same period of last year and approximately four and a half times the total (133) for the comparable week of 1948. There were increases over last week in eighteen prefectures, decreases in sixteen, and no change in five. No cases have been reported for two weeks or longer in the remaining seven prefectures. Cases in Tokyo-to (133) increased only slightly over last week (129) and continued to account for a high proportion (22 percent) of the total cases. Cases in 36 other prefectures ranged from 1 to 76 (Niigata). Bacillary dysentery accounted for 594 cases and 86 deaths, amebic dysentery the remaining eight cases and one death. The current and cumulative case rates for all dysentery were 38.8 and 11.3 respectively. Corresponding death rates were 5.6 and 2.1.

There were 123 cases of typhoid fever this week, 27 percent fewer than last week (168). The number of deaths also decreased, from 19 to 8. Current cases were 24 percent higher than those (99) in the twenty-first week of last year but 37 percent below the corresponding total (196) for 1948. Cases increased over last week in nineteen prefectures, decreased in fifteen, and stayed the same in five. The remaining seven prefectures have reported no cases for two or more weeks. The largest numeric change occurred in Saitama Prefecture where cases decreased from 42 to 4. Tokyo-to reported more than one-sixth (22) of this week's cases and 35 additional prefectures from one to ten each. The current and cumulative case rates were 7.9 and 4.5 respectively. The corresponding death rates were 0.5 and 0.6.

Paratyphoid fever cases (45) remained approximately the same as last week (44). There were five current deaths compared with three previously. During the twenty-first weeks of last year and 1948 cases numbered 40 and 65 respectively. Fifteen prefectures reported increases over last week, fourteen decreases, and two stayed the same, while the remaining fifteen prefectures have reported no cases for at least two weeks. This week's cases occurred in half (23) of the prefectures, from one to eight in each. The current and cumulative case rates were 2.9 and 1.3 respectively, while corresponding death rates were 0.3 and 0.1.

No cases of smallpox have been reported for eight weeks and no deaths thus far this year. There were 36 cases recorded for the twenty-first week of last year and no cases during the same period of 1948. The cumulative case rate as of

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27 May 1950 was less than 0.1.

There were 29 cases of typhus fever reported this week, four times as many as last week (7). No deaths were reported during either period. One case was recorded last year at this time and eight cases during the like period of 1948. Hokkaido had 27 of this week's cases and Osaka Prefecture the other two cases. The current and cumulative case rates were 1.9 and 2.5 respectively. The cumulative death rate was 0.2.

Malaria cases numbered 24 this week compared with 17 last week. There were no deaths reported currently whereas there was one death during the preceding week. Present cases were a fifth of those (122) in the twenty-first week of 1949 and about a fourth of the total (91) for the same period of 1948. The majority (28) of the prefectures have reported no cases for two or more weeks. Ten prefectures showed increases over last week and six decreases while two others did not change. Cases this week occurred in twelve prefectures having from one to five each. The current and cumulative case rates were 1.5 and 0.8 respectively, while the cumulative death rate was 0.1.

No cases of Japanese "B" encephalitis were reported either this week or last week, and there were also no cases during the twenty-first weeks of 1949 or 1948. There have been no deaths reported so far this year. The cumulative case rate as of 27 May 1950 was less than 0.1.

The number of scarlet fever cases this week (172) was slightly less than in the preceding week (178). No deaths were reported compared with one in the preceding week. Current cases were nearly a third greater than those (131) recorded for the same period of last year and over two times the corresponding 1948 total (78). (See attached chart.) There were increases over last week in 19 prefectures, decreases in 18, and no change in 3, while no cases have been reported for two weeks or longer in the remaining 6. Three prefectures that together accounted for about a half of this week's cases were Tokyo-to (39), Yamanashi (25), and Osaka (24). Twenty-five additional prefectures reported from one to fourteen cases each. The current and cumulative case rates were 11.1 and 6.4 respectively. The cumulative death rate was less than 0.1.

There were 21 cases of epidemic meningitis this week compared with 15 in the previous week. Deaths (10) were twice last week's figure (5). Present cases were less than a half of those recorded for the twenty-first weeks of 1949 (48) and 1948 (50). Half (23) of the prefectures have reported no cases for two or more weeks. Increases over last week occurred in 12 prefectures and decreases in 8, while the numbers did not change in the remaining 3. Cases this week were distributed among 16 prefectures with from one to three each. The current and cumulative case rates were 1.4 and 1.5 respectively. Corresponding death rates were 0.6 and 0.4.

Measles cases this week (2,222) were somewhat fewer than in the preceding period (2,275). They were only 23 percent of the total (9,831) recorded for the same week of last year but nearly the same as those (2,203) in the corresponding 1948 period. More than half (25) of the prefectures reported decreases from last week while the other 21 had increases. The largest numeric decreases occurred in Hiroshima Prefecture (from 139 cases to 82) and Aichi Prefecture (201 to 147), while there was an increase of comparable size in Saitama (from 164 to 216). Saitama Prefecture reported the largest number of cases this week (10 percent of the total) while, at the other extreme, Shimane had none. The current and cumulative case rates were 143.3 and 93.1 respectively.

The current number of whooping cough cases (2,633) was slightly greater than last week's figure (2,598). It was 4 percent above the total (2,530) for the twenty-first week of last year and over two and a half times the number (995) recorded for the same period of 1948. Almost two-thirds (29) of the prefectures reported more cases this week than last week while the other seventeen had fewer. The most outstanding numeric change was an increase from 70 to 182 cases in Toyama Prefecture, while there were numeric decreases of somewhat lesser size in Fukushima Prefecture (206 to 126) and Hiroshima Prefecture (129 to 52). Toyama Prefecture and Tokyo-to had 182 and 175 cases respectively this week, almost a seventh of the total, and the 44 other prefectures had from 9 to 126 cases each. The current and



cumulative case rates were 169.8 and 165.9 respectively.

There were slightly fewer cases of tuberculosis this week (9,914) than in the previous week (10,247). The present number was 13 percent less than that (11,335) for the same week of last year but 12 percent greater than the total (8,862) for the corresponding 1948 period. Cases decreased from last week in 26 prefectures and increased in the other 20. Prefectural case figures currently ranged from 36 to 977. Eighty-five percent (8,400) of the total cases this week were designated as respiratory tuberculosis. The current and cumulative case rates were 639.2 and 531.4 respectively.

Pneumonia cases decreased 8 percent, from 2,660 last week to 2,458 currently. This week's figure was 37 percent less than that (3,907) recorded for the same period of last year but 14 percent greater than the corresponding 1948 total (2,155). (See attached chart). Decreases from last week occurred in 28 prefectures and increases in 18. The two largest numeric changes were decreases in Hiroshima Prefecture (126 to 48 cases) and Fukui Prefecture (128 to 68). Toyama Prefecture had the most nearly comparable numeric increase, from 67 to 121. Over a fifth of all present cases were in the four prefectures of Saitama (181), Hokkaido (121), Toyama (121), and Nagano (110). The remaining cases ranged from 10 to 96 in each of the other 42 prefectures. The current and cumulative case rates were 158.5 and 279.4 respectively.

There were 31 cases of influenza reported this week compared with 20 previously. Cases in the twenty-first weeks of last year and 1948 numbered 87 and 72 respectively. Most (33) of the prefectures have reported no cases for two or more weeks. Eight showed increases and five others decreases. Saitama and Okayama Prefectures reported ten cases each this week and eight additional prefectures one or two cases each. The current and cumulative case rates were 2.0 and 51.5 respectively.

Nearly the same number of poliomyelitis cases was reported this week (44) as last week (46) and as in the twenty-first week of last year (43). There were seven cases recorded for the corresponding 1948 week. Cases decreased from last week in 13 prefectures, increased in 11, and did not change in 5, while no cases have been reported for two weeks or longer in the remaining 17. Twenty prefectures reported cases this week, from one to seven each. The current and cumulative case rates were 2.8 and 2.0 respectively.

Tetanus cases numbered 33 this week. Last week there were 40 cases, and in the twenty-first weeks of last year and 1948 there were 56 and 61 cases respectively. No cases have been reported for two or more weeks in more than a third (17) of the prefectures. There were fewer cases this week than in the previous week in 14 prefectures, more cases in 10, while cases stayed the same in the remaining 5. Present cases occurred in less than half (21) of the prefectures, from one to three in each. The current and cumulative case rates were 2.1 and 2.0 respectively.

There was little change in puerperal infection (13) from last week (11). During the twenty-first weeks of 1949 and 1948 there were 30 and 16 cases respectively. About two-thirds (30) of the prefectures have reported no cases for at least two weeks. Eight prefectures had decreases from last week, six increases, and the remaining two stayed the same. From one to three cases were currently reported by each of eight prefectures. The current and cumulative case rates were 0.8 and 1.1 respectively.

One case of rabies was reported this week compared with none in the two preceding weeks. There were 3 and 1 cases respectively during the twenty-first weeks of last year and 1948. The one case this week occurred in Saitama Prefecture. The current and cumulative case rates were both 0.1.

Leprosy cases numbered 11 this week whereas there were 14 last week. Last year at this time there were two and a half times as many cases (28) and in the same week of 1948 nearly the same number (13) as currently. No cases have been reported for two or more weeks in about two-thirds (32) of the prefectures. Cases decreased from last week in eight prefectures and increased in the remaining six. Seven prefectures reported from one to three cases each this week. The current and cumulative case rates were both 0.7.



The number of trachoma cases (5,786) increased 12 percent over last week (5,170). They were slightly fewer than in the same week of last year (5,867) but 33 percent greater than the corresponding 1948 total (4,366). More than half (25) of the prefectures reported decreases from last week while the other 21 had increases. Prefectural case figures currently ranged from zero in one instance to 793. The current and cumulative case rates were 373.1 and 182.5 respectively.

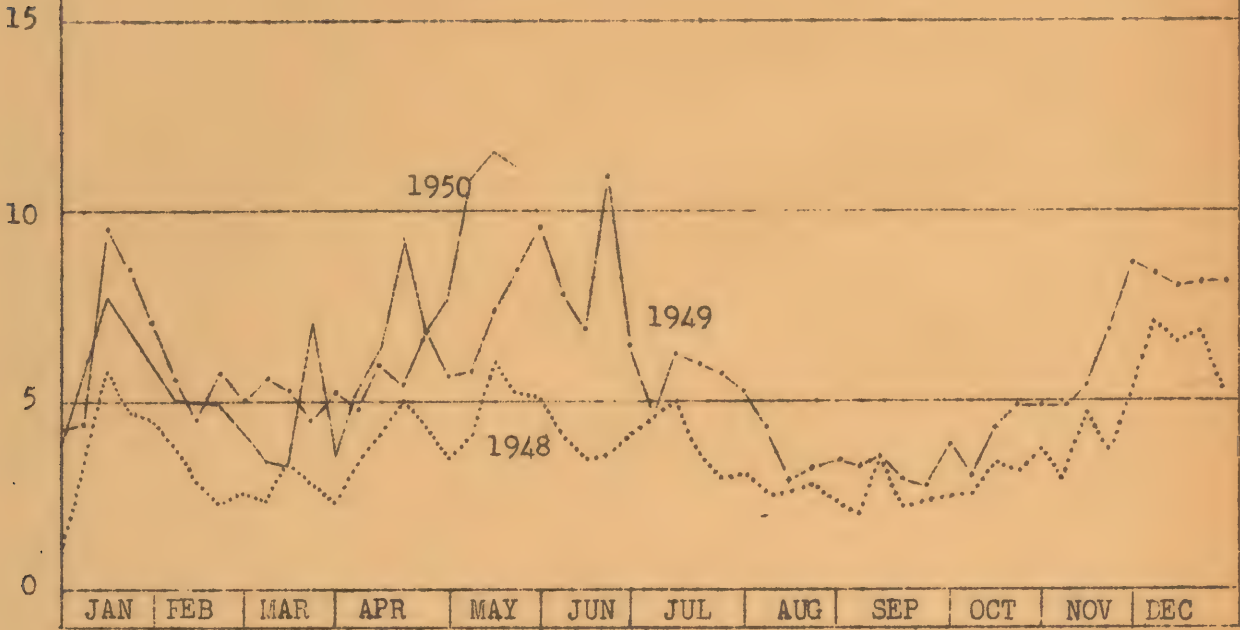
There were three cases of infectious diarrhea reported this week compared with none last week and five in the twenty-first week of last year. All three cases decreased in Fukuoka Prefecture. The current and cumulative case rates were 0.2 and 0.1 respectively.

Ten cases of schistosomiasis were reported this week whereas there were sixteen cases last week. Data are not available for either 1949 or 1948. Yamanashi Prefecture reported seven of the present cases and Fukuoka Prefecture one. Ibaraki and Kagoshima Prefectures also reported one case each, their first to be reported thus far. The current and cumulative case rates were 0.6 and 0.5 respectively.

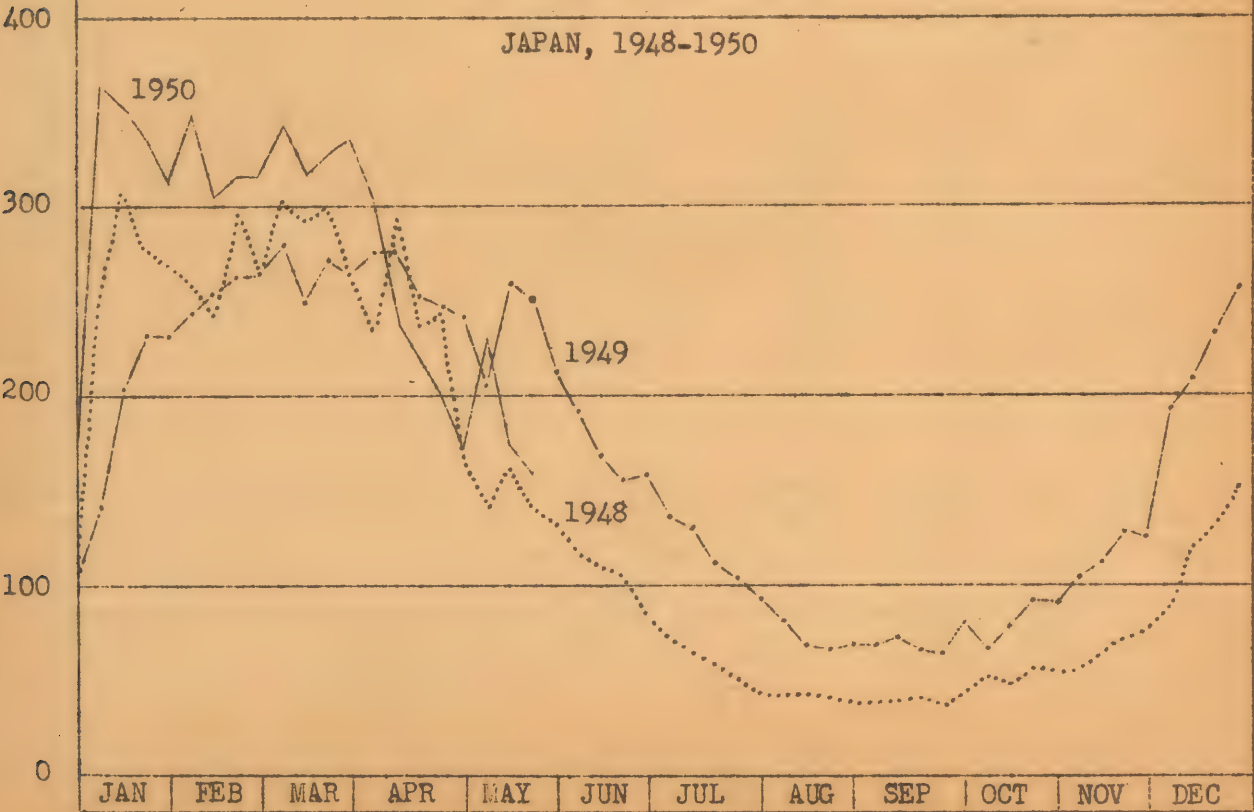
Two filariasis cases were reported currently compared with no cases in the preceding week. There are no available data for either last year or 1948. Kumamoto and Oita Prefectures, both located on Kyushu, reported this week's two cases. The current and cumulative case rates were both 0.1.

The four venereal diseases accounted for 6,072 cases this week compared with 6,540 cases in the previous week. Current and cumulative numbers of syphilis cases this week were 2,509 and 53,306 respectively; gonorrhea cases, 3,305 and 67,493; chancroid cases, 250 and 6,544; and lymphogranuloma venereum 8 and 219. Totals were lower this week than last week for all diseases except lymphogranuloma venereum. Last week there were 2,552 cases of syphilis, 3663 cases of gonorrhea, 319 cases of chancroid, and 6 cases of lymphogranuloma venereum. This week's totals were all lower than those for last year, at which time syphilis cases numbered 4,338, gonorrhea 4,123, chancroid 480, and lymphogranuloma venereum 16. The current and cumulative case rates for each of these diseases as of 27 May 1950 were: syphilis, 161.8 and 163.7 respectively; gonorrhea, 213.1 and 207.2; chancroid, 16.1 and 20.1; and lymphogranuloma venereum, 0.5 and 0.7.

SCARLET FEVER CASE RATES  
PER 100,000 POPULATION  
JAPAN, 1948-1950



PNEUMONIA CASE RATES  
PER 100,000 POPULATION  
JAPAN, 1948-1950







SUMMARY REPORT OF CASES AND DEATHS FROM COMMUNICABLE DISEASES  
IN JAPAN WEEK ENDED 27 MAY 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	8	2	375	36	12	-	66	10
AOMORI	7	-	133	23	-	-	2	-
IWATE	-	-	153	20	7	1	51	6
MIYAGI	2	-	137	6	3	-	51	9
AKITA	2	-	178	10	2	1	28	11
YAMAGATA	2	-	69	6	13	3	52	14
FUKUSHIMA	6	1	140	17	22	4	87	19
IBARAKI	1	-	76	2	12	4	92	40
TOCHIGI	4	-	84	11	2	1	48	21
GUMMA	4	-	56	2	58	4	205	33
SAITAMA	6	-	143	12	38	12	281	74
CHIBA	6	-	59	10	32	7	*109	33
TOKYO	8	2	350	34	133	14	857	123
KANAGAWA	3	-	127	13	28	2	154	19
NIIGATA	12	-	198	9	76	6	524	40
TOYAMA	3	-	77	7	3	-	16	5
ISHIKAWA	9	-	111	13	13	1	89	3
FUKUI	3	-	49	4	1	-	11	1
YAMANASHI	2	-	21	3	1	-	9	3
NAGANO	1	-	96	7	2	-	15	3
GIFU	4	-	47	7	5	1	17	7
SHIZUOKA	4	-	92	7	32	5	182	32
AICHI	14	-	146	8	20	4	103	25
MIE	4	-	69	7	4	-	40	11
SHIGA	1	-	30	2	1	-	7	-
KYOTO	4	-	87	12	7	1	48	10
OSAKA	7	-	215	34	7	1	93	12
HYOGO	6	-	211	19	9	5	*77	*25
NARA	2	-	50	5	-	-	-	-
WAKAYAMA	1	-	32	1	-	-	6	1
TOTTORI	1	-	21	4	-	-	7	4
SHIMANE	4	-	99	7	1	-	11	-
OKAYAMA	2	1	63	6	2	1	11	6
HIROSHIMA	4	-	*153	11	3	1	*43	13
YAMAGUCHI	1	-	150	11	-	-	8	1
TOKUSHIMA	3	1	59	10	-	-	5	-
KAGAWA	1	-	32	2	-	-	6	4
EHIME	1	1	73	11	3	1	15	6
KOCHI	1	-	39	10	4	-	9	3
FUKUOKA	12	1	432	42	13	2	89	15
SAGA	-	-	102	9	1	-	6	1
NAGASAKI	4	-	213	11	-	-	5	-
KUMAMOTO	5	-	91	8	7	1	76	14
OITA	2	-	112	21	-	-	9	5
MIYAZAKI	5	-	197	21	24	3	50	8
KAGOSHIMA	5	-	149	25	1	1	4	2
TOTAL	187	9	*5,596	556	602	87	*3,674	*672
RATE								
Current	12.1	0.6	17.2	1.7	38.8	5.6	11.3	2.1
Previous	14.2	1.0			33.3	6.3		

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	1	-	49	9	2	-	16	4
AOMORI	2	-	24	2	1	-	10	-
IWATE	-	-	14	2	-	-	9	1
MIYAGI	2	-	43	6	2	-	32	1
AKITA	-	-	8	5	-	-	4	-
YAMAGATA	2	1	13	1	-	-	6	1
FUKUSHIMA	10	1	39	3	1	1	3	1
IBARAKI	2	-	25	4	-	-	3	2
TOCHIGI	3	1	14	3	1	-	5	-
GUMMA	1	1	27	3	5	-	17	-
SAITAMA	4	1	*90	10	3	1	25	3
CHIBA	3	-	37	5	-	-	6	-
TOKYO	22	2	259	40	8	-	90	2
KANAGAWA	7	-	86	6	-	-	14	-
NIIGATA	5	-	50	5	1	-	15	-
TOYAMA	1	-	8	1	2	-	10	-
ISHIKAWA	-	-	9	2	-	-	*1	-
FUKUI	2	-	8	-	1	-	1	-
YAMANASHI	1	-	1	-	4	-	4	-
NAGANO	2	-	8	2	1	1	2	1
GIFU	4	-	34	5	-	-	12	1
SHIZUOKA	7	-	37	3	-	-	13	-
AICHI	4	-	43	9	1	-	14	-
MIE	1	1	40	11	1	-	2	-
SHIGA	-	-	14	2	-	-	2	-
KYOTO	1	-	51	8	1	-	6	-
OSAKA	5	-	65	7	-	-	9	1
HYOGO	6	-	63	5	2	-	9	-
NARA	-	-	28	3	-	-	4	-
WAKAYAMA	1	-	14	2	-	-	7	-
TOTTORI	-	-	5	-	-	-	-	-
SHIMANE	2	-	22	3	-	-	-	-
OKAYAMA	2	-	30	5	-	-	1	1
HIROSHIMA	3	-	*62	*8	1	2	22	3
YAMAGUCHI	1	-	9	2	-	-	2	-
TOKUSHIMA	3	-	19	6	1	-	18	2
KAGAWA	-	-	1	-	3	-	8	1
EHIME	1	-	5	1	-	-	-	-
KOCHI	1	-	27	5	-	-	5	-
FUKUOKA	2	-	27	1	1	-	10	-
SAGA	3	-	7	-	-	-	3	-
NAGASAKI	5	-	21	1	-	-	1	-
KUMAMOTO	-	-	13	2	-	-	6	-
OITA	-	-	3	-	1	-	1	-
MIYAZAKI	1	-	10	1	1	-	5	-
KAGOSHIMA	-	-	-	-	-	-	-	-
<hr/>								
TOTAL	123	8	*1,462	*199	45	5	*433	25
<hr/>								
RATE								
Current	7.9	0.5	14.5	0.6	2.9	0.3	1.3	0.1
Previous	10.8	1.2			2.8	0.2		

See footnotes at end of table.

Weekly Report - 27 May 1950  
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	-	-	27	-	41	1
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	5	-
MIYAGI	-	-	1	-	-	-	7	1
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	4	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBARAKI	-	-	-	-	-	-	11	2
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	-	-	24	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	-	-	-	-	15	1
TOKYO	-	-	-	-	-	-	229	20
KANAGAWA	-	-	1	-	-	-	423	23
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	3	-
AICHI	-	-	-	-	-	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	2	-	11	-
HYOGO	-	-	-	-	-	-	32	-
NARA	-	-	-	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	1	-
OKAYAMA	-	-	-	-	-	-	1	-
HIROSHIMA	-	-	-	-	-	-	9	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	1	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	-	-	3	-	29	-	829	51
RATE								
Current	-	-	0.0	-	11.9	-	2.5	0.2
Previous	-	-	-	-	0.5	-	-	-

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	MALARIA				JAPANESE "B" ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	3	-	-	-	-	-
AOMORI	-	-	3	-	-	-	-	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	-	-
AKITA	-	-	4	1	-	-	-	-
YAMAGATA	-	-	2	-	-	-	-	-
FUKUSHIMA	-	-	4	1	-	-	-	-
IBARAKI	-	-	8	1	-	-	-	-
TOCHIGI	1	-	3	-	-	-	-	-
GUMMA	-	-	10	-	-	-	-	-
SAITAMA	-	-	10	-	-	-	-	-
CHIBA	-	-	2	-	-	-	-	-
TOKYO	2	-	23	1	-	-	-	-
KANAGAWA	-	-	3	-	-	-	-	-
NIIGATA	-	-	2	-	-	-	-	-
TOYAMA	-	-	4	-	-	-	-	-
ISHIKAWA	1	-	5	1	-	-	-	-
FUKUI	-	-	5	1	-	-	-	-
YAMANASHI	1	-	5	-	-	-	-	-
NAGANO	-	-	6	1	-	-	-	-
GIFU	2	-	8	1	-	-	-	-
SHIZUOKA	-	-	3	-	-	-	-	-
AICHI	-	-	7	-	-	-	-	-
MIE	1	-	10	-	-	-	-	-
SHIGA	5	-	18	1	-	-	-	-
KYOTO	-	-	8	1	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	5	-	-	-	-	-
NARA	-	-	2	1	-	-	-	-
WAKAYAMA	-	-	1	-	-	-	-	-
TOTTORI	-	-	2	-	-	-	-	-
SHIMANE	-	-	1	-	-	-	-	-
OKAYAMA	2	-	7	-	-	-	-	-
HIROSHIMA	-	-	7	-	-	-	-	-
YAMAGUCHI	5	-	7	-	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	1	-
KAGAWA	1	-	2	-	-	-	-	-
EHIME	-	-	4	-	-	-	-	-
KOCHI	-	-	1	-	-	-	-	-
FUKUOKA	-	-	23	2	-	-	-	-
SAGA	1	-	6	-	-	-	-	-
NAGASAKI	2	-	14	-	-	-	-	-
KUMAMOTO	-	-	2	-	-	-	-	-
OITA	-	-	4	-	-	-	-	-
MIYAZAKI	-	-	4	-	-	-	-	-
KAGOSHIMA	-	-	8	5	-	-	-	-
TOTAL	24	-	261	20	-	-	1	-
RATE								
Current	1.5	-	0.8	0.1	-	-	0.00	-
Previous	1.1	0.1			-	-		

See footnotes at end of table.

Weekly Report - 27 May 1950  
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	-	39	1	2	2	39	12
AOMORI	2	-	13	-	1	-	13	2
IWATE	-	-	26	1	-	-	7	3
MIYAGI	-	-	26	-	1	1	37	10
AKITA	-	-	28	-	-	-	6	1
YAMAGATA	-	-	13	-	-	1	25	5
FUKUSHIMA	2	-	16	-	-	-	11	4
IBARAKI	-	-	10	-	-	-	12	2
TOCHIGI	4	-	9	-	1	1	9	1
GUMMA	2	-	65	-	-	-	5	-
SAITAMA	5	-	*65	1	-	-	9	3
CHIBA	-	-	23	-	1	-	10	4
TOKYO	39	-	501	2	3	-	86	19
KANAGAWA	3	-	132	-	1	-	21	8
NIIGATA	1	-	16	-	-	-	5	-
TOYAMA	-	-	14	-	-	-	9	1
ISHIKAWA	2	-	7	-	1	-	5	1
FUKUI	-	-	44	-	-	-	1	1
YAMANASHI	25	-	42	-	-	-	4	2
NAGANO	11	-	104	1	-	-	10	1
GIFU	1	-	15	-	-	-	*4	1
SHIZUOKA	1	-	22	1	-	-	8	2
AICHI	14	-	118	2	3	3	11	5
MIE	4	-	39	-	-	-	4	1
SHIGA	5	-	52	-	1	-	7	3
KYOTO	3	-	118	-	1	-	9	4
OSAKA	24	-	212	1	1	-	27	7
HYOGO	5	-	55	-	-	-	5	-
NARA	-	-	15	-	-	-	-	-
WAKAYAMA	1	-	9	-	-	-	2	2
TOTTORI	2	-	3	-	-	-	4	1
SHIMANE	2	-	23	-	-	-	-	-
OKAYAMA	3	-	34	-	-	-	2	-
HIROSHIMA	4	-	35	-	1	1	11	5
YAMAGUCHI	1	-	8	-	1	1	7	3
TOKUSHIMA	-	-	5	-	-	-	1	-
KAGAWA	1	-	4	-	-	-	3	-
EHIME	-	-	4	-	1	-	4	-
KOCHI	-	-	8	-	-	-	1	-
FUKUOKA	-	-	20	1	-	-	18	3
SAGA	-	-	4	1	-	-	2	1
NAGASAKI	-	-	10	-	1	-	6	1
KUMAMOTO	-	-	3	-	-	-	6	4
OITA	-	-	2	-	-	-	2	-
MIYAZAKI	1	-	6	-	-	-	2	1
KAGOSHIMA	-	-	4	-	-	-	3	1
<hr/>								
TOTAL	172	-	*2,076	12	21	10	*473	125
<hr/>								
RATE								
Current	11.1	-	6.4	0.0	1.4	0.6	1.5	0.4
Previous	11.5	0.1			1.0	0.3		

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	MEASLES		WHOOPIING COUGH	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	61	302	37	1017
AOMORI	31	262	32	540
IWATE	57	545	25	919
MIYAGI	21	289	9	565
AKITA	19	338	16	586
YAMAGATA	12	114	10	287
FUKUSHIMA	62	869	54	1356
IBARAKI	14	225	61	2189
TOCHIGI	65	897	22	614
GUMMA	62	1555	56	1064
SAITAMA	216	3215	105	3136
CHIBA	13	351	21	857
TOKYO	136	1131	175	4251
KANAGAWA	69	681	93	2236
NIIGATA	52	383	56	1260
TOYAMA	9	154	182	2495
ISHIKAWA	1	40	38	597
FUKUI	58	420	37	562
YAMANASHI	15	170	26	660
NAGANO	99	1377	84	1272
GIFU	127	1316	27	530
SHIZUOKA	57	1447	106	22509
AICHI	147	3007	42	1377
MIE	21	200	73	1246
SHIGA	10	155	65	753
KYOTO	7	49	77	1214
OSAKA	14	167	122	1749
HYOGO	62	404	107	1765
NARA	3	30	27	230
WAKAYAMA	2	83	42	980
TOTTORI	1	5	27	247
SHIMANE	-	15	24	507
OKAYAMA	106	717	29	481
HIROSHIMA	82	1248	52	1668
YAMAGUCHI	1	40	51	519
TOKUSHIMA	92	1242	36	795
KAGAWA	115	1736	30	715
EHIME	109	1445	64	1295
KOCHI	73	1002	37	656
FUKUOKA	40	558	126	2657
SAGA	5	99	29	602
NAGASAKI	21	448	67	1154
KUMAMOTO	24	266	100	1677
OITA	1	29	22	710
MIYAZAKI	17	254	74	996
KAGOSHIMA	13	490	38	554
TOTAL	2,222	30,320	2,633	54,049
RATE				
Current	143.3	93.1	169.8	165.9
Previous	146.7		167.5	

See footnotes at end of table.

Weekly Report - 27 May 1950  
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PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	652	14480	121	4938
AOMORI	203	3218	42	1586
IWATE	228	3788	96	2162
MIYAGI	146	3799	24	2026
AKITA	115	2797	33	1447
YAMAGATA	140	2301	40	1341
FUKUSHIMA	185	3136	72	2557
IBARAKI	150	2249	50	2386
TOCHIGI	107	1454	60	1990
GUMMA	181	2676	93	3526
SAITAMA	269	5009	181	6229
CHIBA	165	3084	21	1378
TOKYO	977	18896	87	3633
KANAGAWA	460	5510	61	2482
NIIGATA	196	3609	75	2788
TOYAMA	610	3606	121	3099
ISHIKAWA	138	2667	17	1001
FUKUI	117	1882	35	1158
YAMANASHI	76	979	31	930
NAGANO	227	4169	110	3961
GIFU	167	2856	75	1865
SHIZUOKA	165	3366	33	2278
AICHI	302	8495	75	4052
MIE	195	3143	57	1636
SHIGA	81	1605	34	1245
KYOTO	240	4626	34	1073
OSAKA	468	8852	24	1665
HYOGO	472	6349	71	1953
NARA	64	890	16	518
WAKAYAMA	66	1419	19	841
TOTTORI	36	1119	19	590
SHIMANE	125	1840	17	976
OKAYAMA	299	3643	59	2182
HIROSHIMA	155	4792	48	2423
YAMAGUCHI	175	2889	20	947
TOKUSHIMA	67	1047	13	990
KAGAWA	82	1470	72	1369
EHIME	157	2302	76	2548
KOCHI	46	1154	39	813
FUKUOKA	370	7666	68	2811
SAGA	101	1925	30	969
NAGASAKI	156	2917	38	1390
KUMAMOTO	180	2458	64	1913
OITA	87	2041	10	936
MIYAZAKI	139	2488	52	1378
KAGOSHIMA	127	2405	25	1017
TOTAL	9,914	173,066	2,458	91,001
RATE				
Current	639.2	531.4	158.5	279.4
Previous	660.7		171.5	

See footnotes at end of table.



Weekly Report - 27 May 1950  
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PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	2	315	1	37
AOMORI	-	-	-	2
IWATE	-	-	-	10
MIYAGI	-	4	-	34
AKITA	-	1149	-	4
YAMAGATA	-	32	2	9
FUKUSHIMA	-	-	-	13
IBARAKI	-	49	2	16
TOCHIGI	-	26	-	3
GUMMA	-	394	-	17
SAITAMA	10	232	1	17
CHIBA	-	213	-	2
TOKYO	-	358	7	70
KANAGAWA	-	287	-	14
NIIGATA	-	779	-	8
TOYAMA	-	195	-	7
ISHIKAWA	-	94	-	9
FUKUI	1	566	-	2
YAMANASHI	-	263	-	5
NAGANO	-	173	-	15
GIFU	-	2368	-	5
SHIZUOKA	-	463	3	38
AICHI	-	1294	1	16
MIE	-	628	1	11
SHIGA	-	227	-	-
KYOTO	-	440	2	5
OSAKA	1	395	2	5
HYOGO	-	1380	2	16
NARA	-	433	-	3
WAKAYAMA	1	257	-	1
TOTTORI	-	111	-	6
SHIMANE	-	618	2	2
OKAYAMA	10	425	-	16
HIROSHIMA	-	155	1	6
YAMAGUCHI	1	99	-	-
TOKUSHIMA	-	103	2	8
KAGAWA	2	86	-	4
EHIME	-	149	2	17
KOCHI	-	6	1	6
FUKUOKA	-	697	3	41
SAGA	-	118	2	8
NAGASAKI	2	152	-	4
KUMAMOTO	-	5	-	18
OITA	-	411	3	37
MIYAZAKI	1	69	4	74
KAGOSHIMA	-	-	-	3
<hr/>				
TOTAL	31	16,768	44	644
<hr/>				
RATE				
Current	2.0	51.5	2.8	2.0
Previous	1.3		3.0	

See footnotes at end of table.

Weekly Report - 27 May 1950  
Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	12	1	28
AOMORI	3	6	-	9
IWATE	-	5	1	7
MIYAGI	-	10	-	7
AKITA	-	6	-	22
YAMAGATA	-	5	1	8
FUKUSHIMA	2	14	-	5
IBARAKI	2	37	-	8
TOCHIGI	-	15	1	5
GUMMA	1	30	-	11
SAITAMA	3	20	-	30
CHIBA	1	26	-	2
TOKYO	2	27	-	7
KANAGAWA	-	16	-	2
NIIGATA	-	7	-	6
TOYAMA	-	7	2	22
ISHIKAWA	1	5	-	4
FUKUI	-	2	3	8
YAMANASHI	-	7	-	7
NAGANO	-	19	-	13
GIFU	-	11	-	6
SHIZUOKA	1	21	-	9
AICHI	3	27	-	12
MIE	-	12	-	5
SHIGA	1	7	-	6
KYOTO	1	10	-	6
OSAKA	-	12	-	4
HYOGO	2	10	-	6
NARA	1	8	-	2
WAKAYAMA	1	6	-	-
TOTTORI	-	*9	-	4
SHIMANE	-	11	-	5
OKAYAMA	-	15	-	7
HIROSHIMA	-	12	-	11
YAMAGUCHI	-	19	3	3
TOKUSHIMA	-	11	-	8
KAGAWA	1	8	-	-
EHIME	2	21	-	4
KOCHI	-	16	-	3
FUKUOKA	1	44	-	16
SAGA	1	8	-	3
NAGASAKI	-	8	-	4
KUMAMOTO	2	18	-	11
OTTA	-	10	-	2
MIYAZAKI	-	24	1	10
KAGOSHIMA	1	16	-	3
<hr/>				
TOTAL	33	*650	13	361
<hr/>				
RATE				
Current	2.1	2.0	0.8	1.1
Previous	2.6		0.7	

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	RABIES		LEPROSY	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	6
AOMORI	-	-	2	6
IWATE	-	-	1	8
MIYAGI	-	-	-	9
AKITA	-	-	-	6
YAMAGATA	-	-	-	3
FUKUSHIMA	-	-	-	5
IBARAKI	-	-	-	-
TOCHIGI	-	3	-	9
GUMMA	-	6	-	30
SAITAMA	1	4	-	1
CHIBA	-	5	-	-
TOKYO	-	2	-	14
KANAGAWA	-	3	-	1
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	1
FUKUI	-	-	-	2
YAMANASHI	-	-	1	6
NAGANO	-	-	-	2
GIFU	-	-	-	6
SHIZUOKA	-	-	-	13
AICHI	-	-	-	12
MIE	-	-	1	3
SHIGA	-	-	-	2
KYOTO	-	-	3	6
OSAKA	-	-	-	7
HYOGO	-	-	-	3
NARA	-	-	-	4
WAKAYAMA	-	-	-	1
TOTTORI	-	-	-	3
SHIMANE	-	-	-	1
OKAYAMA	-	-	-	6
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	4
TOKUSHIMA	-	-	-	8
KAGAWA	-	-	-	2
EHIME	-	-	-	3
KOCHI	-	-	-	1
FUKUOKA	-	-	-	17
SAGA	-	-	-	1
NAGASAKI	-	-	1	6
KUMAMOTO	-	-	-	5
OITA	-	-	-	6
MIYAZAKI	-	-	2	11
KAGOSHIMA	-	-	-	4
TOTAL	1	23	11	244
RATE				
Current	0.1	0.1	0.7	0.7
Previous	-	-	0.9	-

See footnotes at end of table.

Weekly Report - 27 May 1950  
Continued

PREFECTURE	TRACHOMA		INFECTIOUS DIARRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	135	3615	-	-
AOMORI	75	2309	-	-
IWATE	104	2958	-	-
MIYAGI	109	1761	-	-
AKITA	543	2630	-	-
YAMAGATA	21	1262	-	-
FUKUSHIMA	40	932	-	-
IBARAKI	255	1422	-	-
TOCHIGI	22	970	-	-
GUMMA	463	4021	-	-
SAITAMA	306	1915	-	-
CHIBA	80	1096	-	-
TOKYO	273	2817	-	-
KANAGAWA	205	2000	-	-
NIIGATA	33	651	-	-
TOYAMA	28	523	-	-
ISHIKAWA	64	465	-	-
FUKUI	18	536	-	-
YAMANASHI	12	465	-	-
NAGANO	141	694	-	-
GIFU	46	541	-	-
SHIZUOKA	54	1288	-	-
AICHI	96	3021	-	18
MIE	34	644	-	-
SHIGA	15	191	-	-
KYOTO	27	484	-	-
OSAKA	690	2605	-	-
HYOGO	793	3761	-	-
NARA	21	470	-	-
WAKAYAMA	153	916	-	-
TOTTORI	26	241	-	-
SHIMANE	14	213	-	-
OKAYAMA	55	966	-	4
HIROSHIMA	86	2178	-	-
YAMAGUCHI	-	271	-	-
TOKUSHIMA	187	596	-	-
KAGAWA	84	808	-	-
EHIME	63	523	-	-
KOCHI	5	246	-	-
FUKUOKA	144	2561	3	3
SAGA	14	440	-	-
NAGASAKI	29	1621	-	-
KUMAMOTO	38	750	-	-
OITA	8	184	-	-
MIYAZAKI	26	472	-	-
KAGOSHIMA	151	423	-	-
TOTAL	5,786	59,456	3	25
RATE				
Current	373.1	182.5	0.2	0.1
Previous	333.3		-	

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	1
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	1
IBARAKI	1	1	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	-	-	1
TOKYO	-	1	-	1
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	7	124	-	2
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	1
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	-	3
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	-	8	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	1	33	-	1
SAGA	-	1	-	1
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	1	6
OITA	-	-	1	2
MIYAZAKI	-	-	-	4
KAGOSHIMA	1	1	-	5
TOTAL	10	169	2	38
RATE				
Current	0.6	0.5	0.1	0.1
Previous	1.0		-	

See footnotes at end of table.

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR  
COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Number for First 21 Weeks		
	27 May 1950	21 May 1949	22 May 1948	1950	1949	1948
<b>Cases</b>						
Diphtheria	187	257	281	5596	7314	7921
Dysentery	602	176	133	3674	1188	1327
Typhoid Fever	123	99	196	1462	1711	2446
Paratyphoid Fever	45	40	65	433	632	825
Smallpox	-	36	-	3	91	14
Typhus Fever	29	1	8	829	78	324
Malaria	24	122	91	261	812	1322
Japanese "B" Encephalitis	-	-	-	1	1	-
Scarlet Fever	172	131	78	2076	1922	1157
Epidemic Meningitis	21	48	50	473	670	1017
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	2222	9831	2203	30320	86099	28003
Whooping Cough	2633	2530	995	54049	31333	16446
Tuberculosis	9914	11335	8862	173066	173142	138492
Pneumonia	2458	3907	2155	91001	77754	77509
Influenza	31	87	72	16768	1571	2081
Poliomyelitis	44	43	7	644	548	157
Yellow Fever	-	-	-	-	-	-
Tetanus	33	56	61	650	742	698
Puerperal Infection	13	30	16	361	415	458
Rabies	1	3	1	23	24	16
Anthrax	-	-	-	-	3	2
Glanders	-	-	-	-	-	-
Leprosy	11	28	13	244	317	274
Trachoma	5786	5867	4366	59456	55926	56730
Infectious Diarrhea	3	5	NA	25	275	NA
Dengue Fever	-	-	-	-	2	1
Tsutsugamushi disease	-	NA	NA	-	NA	NA
Schistosomiasis	10	NA	NA	169	NA	NA
Filariasis	2	NA	NA	38	NA	NA
<b>Deaths</b>						
Diphtheria	9	30	14	556	769	781
Dysentery	87	50	34	672	318	294
Typhoid Fever	8	14	27	199	230	302
Paratyphoid Fever	5	-	5	25	23	42
Smallpox	-	1	-	-	9	-
Typhus fever	-	1	-	51	4	24
Malaria	-	2	-	20	22	12
Japanese "B" Encephalitis	-	-	-	-	-	-
Scarlet fever	-	3	3	12	29	17
Epidemic Meningitis	10	4	12	125	169	252
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.



CASE AND DEATH RATES OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Rates		
	27 May 1950	21 May 1949	20 May 1948	for First 21 Weeks		
				1950	1949	1948
Case Rates						
Diphtheria	12.1	16.6	18.3	17.2	22.5	24.6
Dysentery	38.8	11.3	8.7	11.3	3.6	4.1
Typhoid fever	7.9	6.4	12.8	4.5	5.3	7.6
Paratyphoid fever	2.9	2.6	4.2	1.3	1.9	2.6
Smallpox	-	2.3	-	0.0	0.3	0.0
Typhus fever	1.9	0.1	0.5	2.5	0.2	1.0
Malaria	1.5	7.9	5.9	0.8	2.5	4.1
Japanese "B" encephalitis	-	-	-	0.00	0.00	-
Scarlet fever	11.1	8.4	5.1	6.4	5.9	3.6
Epidemic meningitis	1.4	3.1	3.3	1.5	2.1	3.2
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	143.3	633.9	143.6	93.1	264.3	86.9
Whooping cough	169.8	163.1	64.9	165.9	96.2	51.1
Tuberculosis	639.2	730.8	577.8	531.4	531.6	429.9
Pneumonia	158.5	251.9	140.5	279.4	238.7	240.6
Influenza	2.0	5.6	4.7	51.5	4.8	6.5
Poliomyelitis	2.8	2.8	0.5	2.0	1.7	0.5
Yellow fever	-	-	-	-	-	-
Tetanus	2.1	3.6	4.0	2.0	2.3	2.2
Puerperal infection	0.8	1.9	1.0	1.1	1.3	1.4
Rabies	0.1	0.2	0.1	0.1	0.1	0.0
Anthrax	-	-	-	-	0.0	0.0
Glanders	-	-	-	-	-	-
Leprosy	0.7	1.8	0.8	0.7	1.0	0.9
Trachoma	373.1	378.3	284.6	182.5	171.7	176.1
Infectious diarrhea	0.2	0.3	NA	0.1	0.8	NA
Dengue fever	-	-	-	-	0.0	0.00
Tsutsugamushi disease	-	NA	NA	-	NA	NA
Schistosomiasis	0.6	NA	NA	0.5	NA	NA
Filariasis	0.1	NA	NA	0.1	NA	NA
Death Rates						
Diphtheria	0.6	1.9	0.9	1.7	2.4	2.4
Dysentery	5.6	3.2	2.2	2.1	1.0	0.9
Typhoid fever	0.5	0.9	1.8	0.6	0.7	0.9
Paratyphoid fever	0.3	-	0.3	0.1	0.1	0.1
Smallpox	-	0.1	-	-	0.0	-
Typhus fever	-	0.1	-	0.2	0.0	0.1
Malaria	-	0.1	-	0.1	0.1	0.0
Japanese "B" encephalitis	-	-	-	-	-	-
Scarlet fever	-	0.2	0.2	0.0	0.1	0.1
Epidemic meningitis	0.6	0.3	0.8	0.4	0.5	0.8
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

Weekly Report - 27 May 1950  
Continued

PREFECTURE	SYPHILIS		GONORRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	139	2877	258	4075
AOMORI	97	641	52	689
IVATE	33	540	26	359
MIYAGI	24	790	25	852
AKITA	16	516	9	300
YAMAGATA	45	739	23	475
FUKUSHIMA	40	755	56	878
IBARAKI	39	607	28	486
TOCHIGI	53	863	62	846
GUMMA	32	733	55	705
SAITAMA	74	1029	62	921
CHIBA	32	1034	44	924
TOKYO	122	2949	251	5679
KANAGAWA	124	3450	372	7763
NIIGATA	61	951	37	418
TOYAMA	44	694	48	843
ISHIKAWA	19	527	32	684
FUKUI	30	496	34	668
YAMANASHI	10	287	14	202
NAGANO	26	818	38	756
GIFU	23	510	53	1174
SHIZUOKA	42	1215	55	1395
AICHI	99	2094	132	2456
MIE	54	868	49	650
SHIGA	25	437	50	543
KYOTO	55	1526	90	1901
OSAKA	181	4081	128	2530
HYOGO	100	2606	115	2684
NARA	24	443	29	752
WAKAYAMA	20	808	32	1042
TOTTORI	28	486	47	493
SHIMANE	14	241	9	208
OKAYAMA	39	983	37	1190
HIROSHIMA	64	1613	121	3372
YAMAGUCHI	55	1468	151	2709
TOKUSHIMA	8	345	11	219
KAGAWA	19	458	12	401
EHIME	34	565	34	541
KOCHI	21	493	31	536
FUKUOKA	220	5176	304	8342
SAGA	101	723	56	895
NAGASAKI	114	2366	81	1799
KUMAMOTO	30	829	32	830
OITA	47	652	70	817
MIYAZAKI	27	497	49	572
KAGOSHIMA	5	527	1	869
TOTAL	2,509	53,306	3,305	67,493
RATE				
Current	161.8	163.7	213.1	207.2
Previous	164.5		236.2	

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	CHANCROID		LYMPHOGRANULOMA VENEREUM	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	16	299	-	2
AOMORI	2	32	-	-
IWATE	-	17	-	-
MIYAGI	-	46	-	-
AKITA	2	15	-	1
YAMAGATA	2	24	-	-
FUKUSHIMA	3	47	-	1
IBARAKI	1	70	-	-
TOCHIGI	2	44	-	-
GUMMA	2	63	-	3
SAITAMA	4	67	-	1
CHIBA	3	102	-	-
TOKYO	20	558	2	22
KANAGAWA	23	720	1	17
NIIGATA	3	35	-	3
TOYAMA	4	80	-	1
ISHIKAWA	2	89	-	10
FUKUI	1	42	-	3
YAMANASHI	5	25	-	-
NAGANO	1	26	-	1
GIFU	11	189	-	2
SHIZUOKA	4	100	1	4
AICHI	5	182	-	4
MIE	6	87	-	4
SHIGA	9	131	-	2
KYOTO	7	399	-	32
OSAKA	21	547	1	24
HYOGO	16	350	1	16
NARA	3	162	-	2
WAKAYAMA	4	131	-	6
TOTTORI	3	41	1	2
SHIMANE	-	19	-	-
OKAYAMA	4	196	-	3
HIROSHIMA	4	320	1	12
YAMAGUCHI	2	134	-	10
TOKUSHIMA	1	18	-	3
KAGAWA	4	37	-	3
EHIME	3	52	-	3
KOCHI	1	52	-	2
FUKUOKA	29	670	-	11
SAGA	3	38	-	1
NAGASAKI	5	146	-	5
KUMAMOTO	2	34	-	-
OITA	4	50	-	1
MIYAZAKI	1	16	-	-
KAGOSHIMA	2	42	-	2
<hr/>				
TOTAL	250	6,544	8	219
<hr/>				
RATE				
Current	16.1	20.1	0.5	0.7
Previous	20.6		0.4	

See footnotes at end of table.

NUMBER OF CASES AND CASE RATES OF  
VENEREAL DISEASES IN JAPAN FOR  
COMPARABLE PERIODS, 1948, 1949 AND 1950

DISEASES	Week Ended			Cumulative Number for		
	27 May 1950	21 May 1949	22 May 1948	First 21 Weeks		
				1950	1949	1948
<u>NUMBER</u>						
Syphilis	2509	4338	5195	53306	81832	96213
Gonorrhea	3305	4123	5436	67493	72666	104548
Chancroid	250	480	717	6544	10503	19293
Lymphogranuloma						
Venereum	8	16	16	219	299	329
<u>RATE</u>						
Syphilis	161.8	279.7	338.7	163.7	251.2	298.7
Gonorrhea	213.1	265.8	354.4	207.2	223.1	324.6
Chancroid	16.1	30.9	46.7	20.1	32.2	59.9
Lymphogranuloma						
Venereum	0.5	1.0	1.0	0.7	0.9	1.0

FOOTNOTES:

1. There were no cases of deaths reported for cholera or plague, and there were also no cases of yellow fever, anthrax, glanders, dengue fever, or tsutsugamushi disease.
2. Rates are the numbers of cases or deaths per 100,000 population, estimated as of 1 July 1949, and are computed on an annual basis.
3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
5. "N.A." indicates that data are not available.
6. \*Cumulative figures adjusted for delayed and corrected reports.





DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASES IN JAPAN  
FOR THE FOUR WEEK PERIOD ENDED 27 MAY 1950

During the four weeks ended 27 May 1950 the twelve <sup>1/</sup> acute communicable diseases included in this digest for which reports on deaths as well as cases are available accounted for 4,078 cases and 433 deaths. The number of cases was 28 percent above the April total (3,185), and the number of deaths was also higher than in April (317)<sup>2/</sup>. The 19 additional diseases included herein (not counting the four venereal diseases) accounted for 89,364 cases, or 13 percent less than last month's total (102,209). Rates for eight diseases (diphtheria, smallpox, epidemic meningitis, pneumonia, puerperal infection, rabies, leprosy, and infectious diarrhea) were lower currently than in either last month or May 1949. Six diseases (dysentery, typhoid fever, paratyphoid fever, Japanese "B" encephalitis, scarlet fever, and whooping cough) had higher rates currently than in either of the other periods. No cases of cholera, plague, yellow fever, anthrax, glanders, or dengue fever were reported during any of the three periods. Data for 1949 are not available for tsutsugamushi disease, schistosomiasis, or filariasis. Current rates for the remaining eight diseases fell between rates reported for last month and May 1949.

The diphtheria case rate this month (13.0) was 17 percent below the April rate (15.7), while the death rate decreased from 1.4 to 0.8. The current rate was the lowest <sup>3/</sup> recorded for May since monthly rates first became available in 1900. It was about 25 percent below the rate for May of last year (17.2) and about 35 percent below that for the same month of 1948 (19.7). About two-thirds (31) of the prefectures reported decreases from last month and the remaining 15 increases. Over two-thirds (32) of the prefectures reported rates within plus or minus 50 percent of the national average, seven were higher and seven lower. Highest rates were reported by Akita (29.2), Fukuoka (28.1), Miyazaki (27.0), and Ishikawa (26.1); all more than twice the national average. The lowest rates were in Shiga (3.0) and Yamaguchi (3.2), about one-fourth of the national average.

Of the 1,826 cases of dysentery this month, 99 percent (1,801) were designated as bacillary and the remainder as amebic. Of the 290 deaths, all but two were attributed to bacillary dysentery. The current case rate for all dysentery (29.4) was almost three times the April rate (10.7), and the death rate rose proportionately from 1.7 to 4.7. The current case rate was the highest May rate since 1943. It was more than three times as high as the rates for May 1949 and 1948 (8.8 and 7.8 respectively). Rates increased over last month in 40 prefectures. There were minor decreases in rates in Niigata, Osaka, and Tottori Prefectures and the same rate both months in Tochigi. Nara Prefecture has reported no cases of dysentery since November 1949 and Nagasaki Prefecture for two months. The most outstanding change was the increase in Tokyo-to from 22.0 in April to 124.3 in May, over four times the national average. Rates in Niigata (105.7) and Gumma (94.8) were more than three times the national average and in Saitama (80.0) nearly three times as high. At the other extreme, in addition to the two prefectures reporting no cases, six reported rates less than ten percent as high as the national average.

The current typhoid fever rate (7.3) was more than 80 percent above the April rate (4.0) while the death rate increased from 0.6 to 0.7. It was nearly 30 percent above the rate for May of last year (5.7) but 40 percent below the corresponding 1948 rate (12.1). Rates increased over last month in 33 prefectures, decreased in 10 and did not change in one. No cases have been reported for Kagoshima Prefecture since November 1949 and none for Tottori for two months. In Saitama Prefecture the rate increased from 5.8 in April to 33.4 in May, over four times the national average, while current rates in Nara (18.3) and Tokyo-to (16.5) were more than twice the national average. The rate in Kumamoto (0.7) on the other hand, was one-tenth of the national.

The case rate for paratyphoid fever was nearly three times as high in May (2.6) as it was in April (0.9), while the death rate increased from 0.1 to 0.2. The current case rate was 30 percent higher than in May of last year (2.0) but nearly 40 percent below the corresponding 1948 rate (4.2). Rates increased over last month in nearly two-thirds (29) of the prefectures and decreased in 9, while no cases have been reported for at least two months in the remaining 8. There were 14 prefectures reporting no cases this month. The rate in Tokushima Prefecture this



month (19.3) was about seven and a half times as high as the national average and in Saitama (12.1) about four and a half times.

No cases of smallpox were reported in May compared with 1 in April and 56 and 5 respectively in May 1949 and 1948.

The typhus fever case rate decreased from 1.2 in April to 1.0 in May and the death rate from 0.1 to less than 0.1. The current case rate was markedly higher than the rates in May of last year (0.1) and 1948 (0.5). About two-thirds of the current cases were in Hokkaido (41) where the rate was 13.2. Cases were also reported by Hiroshima (4.4), Hyogo (3.3), Osaka (1.8), Iwate (1.0), and Tokyo-to (0.5).

The case rate for malaria rose from 0.7 in April to 1.1 in May, while the rate (less than 0.1) was the same both months. The current case rate was well below those in May of last year (6.6) and 1948 (5.6). Rates increased over last month in 21 prefectures and decreased in 15. The ten remaining prefectures have reported no cases for two or more months. There were 21 prefectures which reported no cases this month. The highest rate was reported by Shiga Prefecture (17.8), over three times as high as in Nagasaki (5.8), the second highest.

One case of Japanese "B" encephalitis, the first for the year was reported from Tokushima Prefecture. No cases were reported in May of last year or 1948.

The case rate for scarlet fever in May (10.2) was two-thirds above the April rate (6.1), but the death rate decreased from 0.1 to less than 0.1. The current case rate last year (7.7) and more than twice the corresponding 1948 rate (4.7). Rates increased over last month in about two-thirds (30) of the prefectures, decreased in 15, and remained the same in the remaining one. The most notable change was in Yamanashi Prefecture, from 5.1 in April to 55.5 in May. Outstandingly high rates were also reported by Osaka (38.3); Tokyo-to (30.8), and Gumma (30.5). No cases were reported by Kumamoto and Oita Prefectures.

The case rate for epidemic meningitis decreased by more than a third, from 1.7 in April to 1.1 in May, although the death rate (0.5) remained the same for both months. The current case rate was the lowest May rate since 1937. It was about half the rate for May of last year (2.0) and less than half of the corresponding 1948 rate (2.6). Rates decreased from last month in 27 prefectures and increased in 15. Of the remaining four prefectures, Nara has reported no cases since July 1949, Shimane none since December 1949, and Okayama and Tokushima none for two or more months. Sixteen prefectures reported no cases this month. The highest rate was in Yamagata (4.8).

The case rate for measles this month (141.4) was more than 30 percent above that for last month (107.7). It was one-fourth of the rate (575.8) for May 1949, but slightly higher than the corresponding 1948 rate (135.8). Increases over last month's rates were reported by 37 prefectures, decreases by 8, and no change by the remaining one. The most marked change was in Fukui Prefecture, from 48.0 in April to 315.6 in May. The highest rate was in Kagawa (617.4), over four times the national rate, while rates in Tokushima (492.3), Saitama (471.8) and Gifu (453.7) were more than three times as high. Lowest rates were in Shimane (5.7) and Oita (9.3).

The current whooping cough rate (169.7) was 7 percent higher than last month's rate (158.9). It was 15 percent higher than in May of last year (147.8) and nearly three times the corresponding 1948 rate (58.8). The majority (27) of the prefectures reported increases over last month's rates while 19 reported decreases. For the seventh successive month Toyama Prefecture reported the highest rate (782.3), about four and a half times the national average. The rate in Miyazaki (399.3) was about two and a third times as high, and four additional prefectures reported rates more than 50 percent above. Ten prefectures had rates more than 50 percent below the national of which Yamagata (25.9) was 85 percent and Hokkaido (35.4) approximately 80 percent below.

Of the 37,617 cases of tuberculosis reported this month, 32,088 (85 percent) were respiratory tuberculosis. The case rate for all tuberculosis this month (606.4) was approximately the same as last month's (604.5). It was 10 percent lower than the rate for May of last year (674.1) but about 10 percent above the rate



for May 1948 (548.3). Over half (24) of the prefectures reported increased rates and 22 decreased rates. All but four prefectures reported rates within 50 percent of the national average. Toyama (1,372.9) and Tokyo-to (956.6) exceeded this range while Kochi (283.6) and Tochigi (294.6) were below. The two neighboring prefectures of Miyazaki and Kagoshima reported rates (909.1 and 311.1 respectively) which were almost exactly 50 percent above and below the national rate.

The May case rate for pneumonia (183.5) was 30 percent below the April rate (261.7). It was more than 20 percent below the rate (232.9) for May of last year, but well over 20 percent above the corresponding 1948 rate (148.3). There were decreases in rates from last month in all prefectures except Kagawa, where the rate increased from 201.5 in April to 315.6 in May. The rate in Toyama Prefecture (615.2) was well over three times the national average, while Saitama (462.7), Iwate (394.6), and Nagano (378.6) had rates more than twice as high as the national. Rates in Yamaguchi (66.1) and Osaka (73.6) were about 60 percent below the national average.

The current influenza rate (8.1) was nearly one-fourth below the rate (10.5) last month, but was one-fourth above the rate (6.5) for May of last year and more than two-thirds greater than the May 1948 rate (4.8). Rates decreased from last month in about two-thirds (31) of the prefectures and increased in seven, while 8 prefectures have reported no cases for two or more months. A major increase occurred in Akita Prefecture, reporting a current rate of 353.6 compared with no cases reported in April. The rate in Fukui Prefecture rose from 1.4 to 95.2. The 19 additional prefectures reporting cases this month had rates from 0.4 to 12.1.

The case rate for poliomyelitis increased by about 40 percent from 1.7 in April to 2.4 in May. The current rate was approximately the same as the May rate last year (2.5) but three times as high as the corresponding 1948 rate (0.8). No cases have been reported in Shiga Prefecture since September 1949 and none in Yamaguchi Prefecture since November 1949, while three additional prefectures (Tochigi, Chiba and Wakayama) have reported no cases for three or four months. Eleven prefectures reported no cases this month. The highest rate again was reported by Miyazaki Prefecture (14.7), while the rate in neighboring Oita (12.5) was nearly as high.

The case rate for tetanus increased slightly from 2.2 to 2.5. The rates in both May 1949 and 1948 were 3.0. The majority (27) of the prefectures reported increases over last month, 18 reported decreases, and one no change. Rates ranged from zero in three instances to 7.6 in Ibaraki, over three times the national average.

The case rate for puerperal infection decreased slightly, from 1.1 last month to 1.0 currently. Rates in May 1949 and 1948 were 1.2 and 1.0 respectively. Half (23) of the prefectures reported decreases, 15 increases, and 8 no change, of which 7 have reported no cases for two or more months. Of those 7, Wakayama has reported no cases since December 1949 and Kagawa none since December 1949 and Kagawa none since November 1949. Miyazaki Prefecture reported a current rate of 6.1, while 20 prefectures reported no cases in May.

The rabies case rate decreased from 0.1 to less than 0.1. Rates in both May 1949 and 1948 were 0.1. Current cases were reported by Tochigi (0.8) and Saitama (0.6).

The leprosy case rate decreased from 1.0 to 0.9. Rates in May 1949 and 1948 were 1.2 and 1.1 respectively. Prefectures were evenly divided (17 each) between increases and decreases while the remaining 12 have reported no cases for two or more months. Nearly half (22) of the prefectures reported no cases this month. The highest rate (6.3) was recorded in Yamanashi Prefecture.

The case rate for trachoma this month (323.6) was nearly twice as high as last month (167.9). It was about the same as in May 1949 (328.5) but 30 percent above the corresponding 1948 rate (248.9). Rates increased in 38 prefectures and decreased in 8. Rates in Gumma (1,784.1) and Akita (1,770.8) were about five and a half times the national average. From the remaining 44 prefectures they ranged from 30.1 in Oita to 766.8 in Hyogo.



The case rate for infectious diarrhea decreased from 0.1 to less than 0.1. In May 1949 the rate was 3.3. Data are not available for 1948. Current cases were reported by Hokkaido (0.6) and Aichi (0.4).

The case rate for schistosomiasis increased from 0.6 to 0.9. Data are not available for 1949 or 1948. Yamanashi continued to report the majority of the cases 93 percent of the May total, with a rate of 79.3. A few cases were also reported by Saga (1.4), Kagoshima (0.7), Ibaraki (0.6), and Fukucka (0.4).

The case rate for filariasis was the same (0.1) in May as in April and March. Data are not available for 1949 or 1948. Rates increased in six prefectures and decreased in 3, while 37 prefectures have reported no cases for two or more months. For the six prefectures reporting cases currently the rates ranged from 0.2 to 1.6.

There were 24,547 cases reported for the four venereal diseases compared with 31,939 in April. Rates for all four diseases were lower than for last month or May of last year.

The May case rate for syphilis (159.4) was seven percent lower than the April rate (171.3). It was over 40 percent lower than the rate (271.0) in May of last year and nearly 50 percent below the corresponding 1948 rate (314.6). Prefectural rates ranged from 39.5 to 342.0.

The case rate for gonorrhea this month (217.9) was only slightly lower than that for last month (219.6). It was, however, 10 percent below the rate for May 1949 (243.4) and 36 percent below the May 1948 rate (338.1). Prefectural rates ranged from 43.3 to 840.8.

The chancroid case rate in May (17.9) was more than 10 percent below the April rate (20.2), nearly 40 percent below the May 1949 rate (29.0), and 65 percent below the rate (51.2) in May 1948. Prefectural rates ranged from 1.0 to 63.6.

The case rate for lymphogranuloma venereum in May (0.4) was half the rates in both last month and May of last year (0.8). It was 60 percent below the corresponding 1948 rate (1.0). Prefectural rates ranged from zero in 31 instances to 2.7.

#### FOOTNOTES:

- 1/ These diseases are diphtheria, dysentery, typhoid fever, paratyphoid fever, smallpox, typhus fever, malaria, Japanese "B" encephalitis, scarlet fever, epidemic meningitis, cholera, and plague.
- 2/ May 1950 and 1949 were four-week periods. April 1950 and May 1948 were five week periods. Rates for 1949 and 1950 are based on the estimated population as of 1 July 1949, while those for 1948 are based on the estimated population as of 1 July 1948. Comparisons of data should be based upon rates rather than numbers where there are differences in the number of weeks included or in the base populations.
- 3/ Monthly data are not available for the period 1928-1934 inclusive.

SUMMARY REPORT OF CASES AND DEATHS FROM  
COMMUNICABLE DISEASES IN JAPAN  
WEEK ENDED 27 MAY 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Cases		Deaths		Cases		Deaths	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
HOKKAIDO	40	12.9	2	0.6	23	7.4	3	1.0
AOMORI	20	21.2	1	1.1	1	1.1	-	-
IWATE	14	14.0	1	1.0	11	11.0	2	2.0
MIYAGI	21	17.0	1	0.8	17	13.8	2	1.6
AKITA	29	29.2	3	3.0	11	11.1	3	3.0
YAMAGATA	13	12.5	-	-	34	32.6	10	9.6
FUKUSHIMA	20	12.8	2	1.3	60	38.3	14	8.9
IBARAKI	10	6.3	-	-	36	22.8	16	10.1
TOCHIGI	19	15.8	1	0.8	12	10.0	6	5.0
GUMMA	11	8.8	-	-	118	94.8	10	8.0
SAITAMA	30	18.2	1	0.6	132	80.0	32	19.4
CHIBA	11	6.6	1	0.6	63	38.1	17	10.3
TOKYO	42	10.0	3	0.7	521	124.3	46	11.0
KANAGAWA	9	5.0	-	-	70	39.1	8	4.5
NIIGATA	26	13.8	-	-	199	105.7	15	8.0
TOYAMA	9	11.7	-	-	12	15.5	3	3.9
ISHIKAWA	19	26.1	2	2.7	21	28.8	2	2.7
FUKUI	10	17.6	-	-	5	8.8	-	-
YAMANASHI	2	3.2	-	-	6	9.5	-	-
NAGANO	7	4.4	2	1.2	5	3.1	2	1.2
GIFU	10	8.5	-	-	6	5.1	2	1.7
SHIZUOKA	16	8.6	1	0.5	108	58.0	20	10.7
AICHI	33	13.2	-	-	58	23.2	13	5.2
MIE	12	10.7	-	-	21	18.7	5	4.5
SHIGA	2	3.0	-	-	3	4.4	-	-
KYOTO	18	13.0	-	-	19	13.8	4	2.9
OSAKA	28	10.3	3	1.1	31	11.4	5	1.8
KYOGO	32	13.1	4	1.6	29	11.9	11	4.5
NARA	5	8.3	-	-	-	-	-	-
WAKAYAMA	3	4.0	-	-	1	1.3	-	-
TOTTORI	3	6.5	-	-	1	2.2	1	2.2
SHIMANE	12	17.2	-	-	6	8.6	-	-
OKAYAMA	10	7.8	1	0.8	4	3.1	4	3.1
HIROSHIMA	22	13.9	1	0.6	17	10.7	4	2.5
YAMAGUCHI	12	10.3	1	0.9	3	2.6	1	0.9
TOKUSHIMA	16	23.8	3	4.5	2	3.0	-	-
KAGAWA	11	15.2	1	1.4	2	2.8	1	1.4
EHIME	9	7.9	2	1.7	11	9.6	3	2.6
KOCHI	4	6.0	1	1.5	6	9.0	2	3.0
FUKUOKA	72	28.1	5	2.0	32	12.5	6	2.3
SAGA	10	13.9	2	2.8	3	4.2	1	1.4
NAGASAKI	31	25.6	-	-	-	-	-	-
KUMAMOTO	17	12.3	2	1.4	58	42.0	6	4.3
OITA	9	9.3	-	-	4	4.2	2	2.1
MIYAZAKI	22	27.0	1	1.2	41	50.4	6	7.4
KAGOSHIMA	26	19.0	2	1.5	3	2.2	2	1.5
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*May 1950	807	13.0	50	0.8	1826	29.4	290	4.7
**Apr 1950	1215	15.7	110	1.4	828	10.7	130	1.7
*May 1949	1066	17.2	115	1.6	549	8.8	225	3.2

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	11	3.5	1	0.3	2	0.6	2	0.6
AOMORI	4	4.2	-	-	4	4.2	-	-
IWATE	2	2.0	-	-	3	3.0	-	-
MIYAGI	13	10.5	2	1.6	10	8.1	-	-
AKITA	1	1.0	-	-	-	-	-	-
YAMAGATA	4	3.8	1	1.0	-	-	1	1.0
FUKUSHIMA	17	10.8	2	1.3	1	0.6	1	0.6
IBARAKI	6	3.8	1	0.6	-	-	-	-
TOCHIGI	3	2.5	1	0.8	1	0.8	-	-
GUMMA	9	7.2	2	1.6	11	8.8	-	-
SAITAMA	55	33.4	3	1.8	20	12.1	3	1.8
CHIBA	13	7.9	1	0.6	-	-	-	-
TOKYO	69	16.5	10	2.4	21	5.0	1	0.2
KANAGAWA	25	13.9	2	1.1	6	3.3	-	-
NIIGATA	23	12.2	2	1.1	9	4.8	-	-
TOYAMA	1	1.3	-	-	6	7.8	-	-
ISHIKAWA	1	1.4	-	-	-	-	-	-
FUKUI	2	3.5	-	-	1	1.8	-	-
YAMANASHI	1	1.6	-	-	4	6.3	-	-
NAGANO	3	1.9	-	-	2	1.2	1	0.6
GIFU	15	12.7	1	0.8	6	5.1	1	0.8
SHIZUOKA	14	7.5	1	0.5	2	1.1	-	-
AICHI	13	5.2	2	0.8	6	2.4	-	-
MIE	10	8.9	1	0.9	1	0.9	-	-
SHIGA	4	5.9	1	1.5	1	1.5	-	-
KYOTO	15	10.9	2	1.4	2	1.4	-	-
OSAKA	15	5.5	1	0.4	2	0.7	-	-
HYOGO	22	9.0	1	0.4	2	0.8	-	-
NARA	11	18.3	1	1.7	-	-	-	-
WAKAYAMA	5	6.6	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	4	5.7	-	-	-	-	-	-
OKAYAMA	11	8.6	2	1.6	-	-	-	-
HIROSHIMA	10	6.3	1	0.6	8	5.1	2	1.3
YAMAGUCHI	2	1.7	-	-	1	0.9	-	-
TOKUSHIMA	8	11.9	-	-	13	19.3	-	-
KAGAWA	-	-	-	-	3	4.2	-	-
EHIME	1	0.9	-	-	-	-	-	-
KOCHI	9	13.4	2	3.0	2	3.0	-	-
FUKUOKA	5	2.0	-	-	6	2.3	-	-
SAGA	4	5.6	-	-	-	-	-	-
NAGASAKI	6	5.0	-	-	-	-	-	-
KUMAMOTO	1	0.7	1	0.7	2	1.4	-	-
OITA	1	1.0	-	-	1	1.0	-	-
MIYAZAKI	2	2.5	1	1.2	1	1.2	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
*May 1950	451	7.3	46	0.7	160	2.6	12	0.2
**Apr 1950	311	4.0	44	0.6	73	0.9	5	0.1
*May 1949	354	5.7	68	1.0	124	2.0	4	0.1

See footnotes at end of table.

Monthly Report - 27 May 1950  
Continued

Prefecture	SMALLPOX				TYPHUS FEVER			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	-	-	-	-	41	13.2	1	0.3
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	1	1.0	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-
TOKYO	-	-	-	-	2	0.5	1	0.2
KANAGAWA	-	-	-	-	-	-	-	-
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	5	1.8	-	-
HYOGO	-	-	-	-	8	3.3	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	7	4.4	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
* May 1950	-	-	-	-	64	1.0	2	0.0
**Apr 1950	1	0.0	-	-	95	1.2	6	0.1
* May 1949	56	0.9	6	0.1	6	0.1	6	0.1

See footnotes at end of table.



Monthly Report - 27 May 1950  
Continued

PREFECTURE	MALARIA				JAPANESE "B" ENCEPHALITIS			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	1	1.1	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	1	0.8	-	-	-	-	-	-
AKITA	1	1.0	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	1	0.6	-	-	-	-
TOCHIGI	1	0.8	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	1	0.6	-	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-
TOKYO	5	1.2	-	-	-	-	-	-
KANAGAWA	-	-	-	-	-	-	-	-
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	1	1.4	-	-	-	-	-	-
FUKUI	2	3.5	-	-	-	-	-	-
YAMANASHI	2	3.2	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	4	3.4	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	2	0.8	-	-	-	-	-	-
MIE	4	3.6	-	-	-	-	-	-
SHIGA	12	17.8	-	-	-	-	-	-
KYOTO	2	1.4	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	-	-	-	-	-	-
NARA	1	1.7	1	1.7	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	3	2.4	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	5	4.3	-	-	-	-	-	-
TOKUSHIMA	3	4.5	-	-	1	1.5	-	-
KAGAWA	1	1.4	-	-	-	-	-	-
EHIME	1	0.9	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	5	2.0	-	-	-	-	-	-
SAGA	1	1.4	-	-	-	-	-	-
NAGASAKI	7	5.8	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	1	1.2	-	-	-	-	-	-
KAGOSHIMA	2	1.5	-	-	-	-	-	-
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* May 1950	69	1.1	2	0.0	1	0.0	-	-
** Apr 1950	54	0.7	2	0.0	-	-	-	-
* May 1949	411	6.6	9	0.1	-	-	5	0.1

See footnotes at end of table.

Monthly Report - 27 May 1950  
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	13	42	-	-	7	2.3	3	1.0
AOMORI	3	3.2	-	-	3	3.2	1	1.1
IWATE	5	5.0	-	-	1	1.0	-	-
MIYAGI	6	4.9	-	-	4	3.2	2	1.6
AKITA	4	4.0	-	-	1	1.0	-	-
YAMAGATA	5	4.8	-	-	5	4.8	2	1.9
FUKUSHIMA	6	3.8	-	-	1	0.6	-	-
IBARAKI	5	3.2	-	-	1	0.6	-	-
TOCHIGI	5	4.1	-	-	2	1.7	1	0.8
GUMMA	38	30.5	-	-	1	0.8	-	-
SAITAMA	13	7.9	-	-	-	-	-	-
CHIBA	2	1.2	-	-	1	0.6	-	-
TOKYO	129	30.8	1	0.2	10	2.4	5	1.2
KANAGAWA	28	15.6	-	-	3	1.7	-	-
NIIGATA	3	1.6	-	-	-	-	-	-
TOYAMA	1	1.3	-	-	2	2.6	1	1.3
ISHIKAWA	2	2.7	-	-	1	1.4	-	-
FUKUI	2	3.5	-	-	-	-	-	-
YAMANASHI	35	55.5	-	-	-	-	-	-
NAGANO	34	21.1	-	-	1	0.6	-	-
GIFU	7	5.9	-	-	-	-	-	-
SHIZUOKA	3	1.6	-	-	1	0.5	-	-
AICHI	40	16.0	2	0.8	3	1.2	3	1.2
MIE	16	14.3	-	-	-	-	1	0.9
SHIGA	14	20.7	-	-	1	1.5	1	1.5
KYOTO	26	18.8	-	-	1	0.7	1	0.7
OSAKA	104	38.3	-	-	3	1.1	2	0.7
HYOGO	11	4.5	-	-	1	0.4	-	-
NARA	8	13.3	-	-	-	-	-	-
WAKAYAMA	3	4.0	-	-	-	-	-	-
TOTTORI	3	6.5	-	-	1	2.2	-	-
SHIMANE	5	7.2	-	-	-	-	-	-
OKAYAMA	10	7.8	-	-	-	-	-	-
HIROSHIMA	17	10.7	-	-	4	2.5	2	1.3
YAMAGUCHI	6	5.2	-	-	2	1.7	1	0.9
TOKUSHIMA	1	1.5	-	-	-	-	-	-
KAGAWA	1	1.4	-	-	-	-	-	-
EHIME	2	1.7	-	-	1	0.9	-	-
KOCHI	3	4.5	-	-	1	1.5	-	-
FUKUOKA	4	1.6	-	-	-	-	-	-
SAGA	2	2.8	-	-	2	2.8	1	1.4
NAGASAKI	3	2.5	-	-	1	0.8	-	-
KUMAMOTO	-	-	-	-	1	0.7	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	1	1.2	-	-	-	-	-	-
KAGOSHIMA	4	2.9	-	-	-	-	-	-
<hr/>								
*May 1950	633	10.2	3	0.0	67	1.1	28	0.5
**Apr. 1950	474	6.1	4	0.1	134	1.7	36	0.5
* May 1949	480	7.7	5	0.1	122	2.0	33	0.5

See footnotes at end of table.



Monthly Report - 27 May 1950  
Continued

PREFECTURE	MEASLES		WHOOPING COUGH	
	Number	Cases Rate	Number	Cases Rate
HOKKAIDO	248	79.7	110	35.4
AOMORI	158	167.7	96	101.9
IWATE	190	189.8	185	184.8
MIYAGI	63	51.0	87	70.5
AKITA	133	134.0	74	74.5
YAMAGATA	25	24.0	27	25.9
FUKUSHIMA	256	163.3	247	157.6
IBAFUKI	67	42.2	381	241.0
TOCHIGI	276	229.1	86	71.4
GUMMA	249	200.1	232	186.4
SAITAMA	778	471.8	485	294.1
CHIBA	79	47.7	132	79.7
TOKYO	498	118.9	636	151.8
KANAGAWA	239	133.3	379	211.5
NIIGATA	123	65.3	208	110.4
TOYAMA	19	24.6	604	782.3
ISHIKAWA	10	13.7	125	171.6
FUKUI	179	315.6	103	181.6
YAMANASHI	48	76.1	143	226.8
NAGANO	444	276.1	283	176.0
GIFU	535	453.7	93	78.9
SHIZUOKA	272	146.1	444	238.5
AICHI	693	277.8	205	82.2
MIE	65	57.9	349	311.0
SHIGA	48	71.1	215	318.5
KYOTO	16	11.6	241	174.6
OSAKA	51	18.8	406	149.3
HYOGO	194	79.5	343	140.5
NARA	13	21.6	66	109.6
WAKAYAMA	47	62.0	220	290.3
TOTTORI	5	10.9	71	154.9
SHIMANE	4	5.7	138	197.5
OKAYAMA	429	336.1	108	84.6
HIOSHIMA	446	281.9	342	216.1
YAMAGUCHI	27	23.2	142	122.0
TOKUSHIMA	331	492.3	143	212.7
KAGAWA	446	617.4	108	149.5
EHIME	337	294.2	279	243.6
KOCHI	238	355.2	152	226.9
FUKUOKA	167	65.2	535	208.8
SAGA	36	50.0	130	180.5
NAGASAKI	102	84.2	294	242.8
KUMAMOTO	43	31.1	322	233.1
OITA	9	9.3	127	131.8
MIYAZAKI	71	87.2	325	399.3
KAGOSHIMA	64	46.8	108	79.1
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* May 1950	8,771	141.4	10,529	169.7
**Apr 1950	8,353	107.7	12,324	158.9
* May 1949	35,722	575.8	9,167	147.8

See footnotes at end of table.

Monthly Report - 27 May 1950  
Continued

PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Number	Rate	Number	Rate
HOKKAIDO	2630	845.7	500	160.8
AOMORI	675	716.4	195	207.0
IWATE	809	308.3	395	394.6
MIYAGI	743	601.8	234	189.5
AKITA	538	541.9	242	243.8
YAMAGATA	480	460.9	229	219.9
FUKUSHIMA	757	483.0	402	256.5
IBARAKI	538	340.2	223	141.0
TOCHIGI	355	294.6	186	154.4
GUMMA	640	514.3	389	312.6
SAITAMA	1318	799.3	763	462.7
CHIBA	683	412.6	125	75.5
TOKYO	4008	956.6	334	79.7
KANAGAWA	1271	709.1	253	141.2
NIIGATA	709	376.4	324	172.0
TOYAMA	1060	1372.9	475	615.2
ISHIKAWA	592	812.8	136	136.7
FUKUI	435	767.0	150	264.5
YAMANASHI	279	442.4	106	168.1
NAGANO	1068	664.0	609	378.6
GIFU	659	558.8	240	203.5
SHIZUOKA	646	347.0	204	109.6
AICHI	1796	719.8	399	159.9
MIE	659	587.2	207	184.4
SHIGA	352	521.5	171	253.3
KYOTO	973	704.9	136	98.5
OSAKA	1877	690.4	200	73.6
HYOGO	1329	544.4	254	104.0
NARA	211	350.4	84	139.5
WAKAYAMA	288	380.0	77	101.6
TOTTORI	193	420.9	60	130.9
SHIMANE	429	613.9	87	124.5
OKAYAMA	936	733.4	306	239.8
HIROSHIMA	1049	663.0	365	230.7
YAMAGUCHI	559	480.1	77	66.1
TOKUSHIMA	290	431.4	107	159.2
KAGAWA	351	485.9	228	315.6
EHIME	486	424.3	325	283.7
KOCHI	190	283.6	120	179.1
FUKUOKA	1517	592.1	367	143.3
SAGA	375	520.6	129	179.1
NAGASAKI	657	542.6	185	152.3
KUMAMOTO	569	411.9	289	209.2
OITA	473	491.0	101	104.8
MIYAZAKI	740	909.1	276	339.1
KAGOSHIMA	425	311.1	122	89.3
* May 1950	37,617	606.4	11,386	183.5
** Apr 1950	46,880	604.5	20,291	261.7
* May 1949	41,818	674.1	14,451	232.9

See footnotes at end of table.



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PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	13	4.2	8	2.6
AOMORI	-	-	1	-
IWATE	-	-	1	1.0
MIYAGI	-	-	4	3.2
AKITA	351	353.6	2	2.0
YAMAGATA	-	-	3	2.9
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	4	2.5
TOCHIGI	-	-	-	-
GUUMA	4	3.2	2	1.6
SAITAMA	20	12.1	2	1.2
CHIBA	-	-	-	-
TOKYO	-	-	21	5.0
KANAGAWA	-	-	2	1.1
NIIGATA	19	10.1	3	1.6
TOYAMA	-	-	-	-
ISHIKAWA	2	2.7	3	4.1
FUKUI	54	95.2	-	-
YAMANASHI	-	-	3	4.8
NAGANO	1	0.6	1	0.6
GIFU	3	2.5	1	0.8
SHIZUOKA	-	-	9	4.8
AICHI	4	1.6	5	2.0
MIIE	-	-	2	1.8
SHIGA	-	-	-	-
KYOTO	-	-	3	2.2
OSAKA	1	0.4	3	1.1
HYOGO	-	-	5	2.0
NARA	-	-	-	-
WAKAYAMA	1	1.3	-	-
TOTTORI	-	-	1	2.2
SHIMANE	1	1.4	2	2.9
OKAYAMA	10	7.8	5	3.9
HIROSHIMA	-	-	2	1.3
YAMAGUCHI	1	0.9	-	-
TOKUSHIMA	-	-	4	5.9
KAGAWA	8	11.1	-	-
EHIME	2	1.7	6	5.2
KOCHI	-	-	1	1.5
FUKUOKA	2	0.8	11	4.3
SAGA	-	-	3	4.2
NAGASAKI	2	1.7	1	0.8
KUMAMOTO	-	-	2	1.4
OITA	5	5.2	12	12.5
MIYAZAKI	1	1.2	12	14.7
KAGOSHIMA	-	-	-	-
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*May 1950	505	8.1	150	2.4
**Apr 1950	812	10.5	130	1.7
*May 1949	404	6.5	155	2.5

See footnotes at end of table.

Monthly Report - 27 May 1950  
Continued

Prefecture	TETANUS		PUERPERAL INFECTION	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	2	0.6	3	1.0
AOMORI	3	3.2	2	2.1
IWATE	-	-	1	1.0
MIYAGI	4	3.2	-	-
AKITA	4	4.0	3	3.0
YAMAGATA	4	3.8	3	2.9
FUKUSHIMA	4	2.6	1	0.6
IBARAKI	12	7.6	-	-
TOCHIGI	3	2.5	1	0.8
GUMMA	3	2.4	1	0.8
SAITAMA	4	2.4	3	1.8
CHIBA	7	4.2	-	-
TOKYO	10	2.4	2	0.5
KANAGAWA	1	0.6	-	-
NIIGATA	1	0.5	-	-
TOYAMA	2	2.6	3	3.9
ISHIKAWA	2	2.7	1	1.4
FUKUI	-	-	3	5.3
YAMANASHI	4	6.3	-	-
NAGANO	2	1.2	5	3.1
GIFU	-	-	3	2.5
SHIZUOKA	5	2.7	1	0.5
AICHI	11	4.4	-	-
MIE	3	2.7	3	2.7
SHIGA	2	3.0	2	3.0
KYOTO	4	2.9	1	0.7
OSAKA	1	0.4	2	0.7
HYOGO	3	1.2	-	-
NARA	1	1.7	-	-
WAKAYAMA	2	2.6	-	-
TOTTORI	1	2.2	-	-
SHIMANE	2	2.9	-	-
OKAYAMA	4	3.1	-	-
HIROSHIMA	1	0.6	2	1.3
YAMAGUCHI	5	4.3	3	2.6
TOKUSHIMA	3	4.5	2	3.0
KAGAWA	2	2.8	-	-
EHIME	4	3.5	-	-
KOCHI	4	6.0	2	3.0
FUKUOKA	2	0.8	-	-
SAGA	2	2.8	-	-
NAGASAKI	1	0.8	-	-
KUMAMOTO	6	4.3	1	0.7
OITA	3	3.1	-	-
MIYAZAKI	5	6.1	5	6.1
KAGOSHIMA	5	3.7	-	-
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* May 1950	154	2.5	59	1.0
** Apr 1950	170	2.2	87	1.1
* May 1949	184	3.0	75	1.2

See footnotes at end of table.



Monthly Report - 27 May 1950  
Continued

Prefecture	RABIES		LEPROSY	
	Number	Rate	Number	Rate
HOKKAIDO	-	-	2	0.6
AOMORI	-	-	2	2.1
IWATE	-	-	1	1.0
MIYAGI	-	-	3	2.4
AKITA	-	-	-	-
YAMAGATA	-	-	1	1.0
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	1	0.8	1	0.8
GUMMA	-	-	2	1.6
SAITAMA	1	0.6	-	-
CHIBA	-	-	-	-
TOKYO	-	-	1	0.2
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	-	-	4	6.3
NAGANO	-	-	-	-
GIFU	-	-	2	1.7
SHIZUOKA	-	-	4	2.1
AICHI	-	-	6	2.4
MIE	-	-	1	0.9
SHIGA	-	-	-	-
KYOTO	-	-	5	3.6
OSAKA	-	-	1	0.4
HYOGO	-	-	1	0.4
NARA	-	-	1	1.7
WAKAYAMA	-	-	-	-
TOTTORI	-	-	1	2.2
SHIMANE	-	-	1	1.4
OKAYAMA	-	-	-	-
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	1	1.5
KAGAWA	-	-	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	-	-	2	0.8
SAGA	-	-	-	-
NAGASAKI	-	-	5	4.1
KUMAMOTO	-	-	-	-
OITA	-	-	-	-
MIYAZAKI	-	-	5	6.1
KAGOSHIMA	-	-	1	0.7
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* May 1950	2	0.0	54	0.9
** Apr 1950	9	0.1	75	1.0
* May 1950	8	0.1	74	1.2

See footnotes at end of table.

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Prefecture	TRACHOMA		INFECTIOUS DIARRHEA	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	690	221.9	2	0.6
AOMORI	303	321.6	-	-
IWATE	606	605.5	-	-
MIYAGI	375	303.8	-	-
AKITA	1,758	1,770.8	-	-
YAMAGATA	87	83.5	-	-
FUKUSHIMA	266	169.7	-	-
IBARAKI	485	306.7	-	-
TOCHIGI	343	284.7	-	-
GUMMA	2,220	1,784.1	-	-
SAITAMA	894	542.2	-	-
CHIBA	350	211.4	-	-
TOKYO	1,337	319.1	-	-
KANAGAWA	437	243.8	-	-
NIIGATA	185	98.2	-	-
TOYAMA	152	196.9	-	-
ISHIKAWA	179	245.8	-	-
FUKUI	141	248.6	-	-
YAMANASHI	119	188.7	-	-
NAGANO	367	228.2	-	-
GIFU	151	128.0	-	-
SHIZUOKA	402	215.9	-	-
AICHI	771	309.0	1	0.4
MIE	247	220.1	-	-
SHIGA	59	87.4	-	-
KYOTO	72	54.3	-	-
OSAKA	1,030	378.9	-	-
HYOGO	1,872	766.8	-	-
NARA	118	196.0	-	-
WAKAYAMA	387	510.6	-	-
TOTTORI	80	174.5	-	-
SHIMANE	62	88.7	-	-
OKAYAMA	249	195.1	-	-
HIROSHIMA	873	551.7	-	-
YAMAGUCHI	80	68.7	-	-
TOKUSHIMA	363	539.9	-	-
KAGAWA	368	509.4	-	-
EHIME	140	122.2	-	-
KOCHI	56	83.6	-	-
FUKUOKA	494	192.8	-	-
SAGA	156	216.6	-	-
NAGASAKI	135	111.5	-	-
KUMAMOTO	270	195.5	-	-
OITA	29	30.1	-	-
MIYAZAKI	124	152.3	-	-
KAGOSHIMA	189	138.3	-	-
* May 1950	20,074	323.6	3	0.0
** Apr 1950	13,018	167.9	11	0.1
* May 1949	20,381	328.5	205	3.3

See footnotes at end of table.



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Prefecture	SCHISTOSOMIASIS		FILARIASIS	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	1	0.6
IBARAKI	1	0.6	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	-
CHIBA	-	-	-	-
TOKYO	-	-	1	0.2
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	50	79.3	1	1.6
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	-
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	-
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	-	-
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	-
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	1	0.4	-	-
SAGA	1	1.4	-	-
NAGASAKI	-	-	-	-
KUMAMOTO	-	-	1	0.7
OITA	-	-	1	1.0
MIYAZAKI	-	-	1	1.2
KAGOSHIMA	1	0.7	-	-
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* May 1950	54	0.9	6	0.1
** Apr 1950	43	0.6	6	0.1
* May 1949	NA	NA	NA	NA

See footnotes at end of table.

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PREFECTURE	SYPHILIS		GONORRHEA	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	505	162.4	764	245.7
AOMORI	162	171.9	150	159.2
IWATE	105	104.9	71	70.9
MIYAGI	96	77.8	104	84.2
AKITA	90	90.7	43	43.3
YAMAGATA	165	158.4	100	96.0
FUKUSHIMA	162	103.4	216	137.8
IBARAKI	97	61.3	90	56.9
TOCHIGI	148	122.8	153	127.0
GUNMA	131	105.3	171	137.4
SAITAMA	264	160.1	242	146.8
CHIBA	163	98.5	193	116.6
TOKYO	596	142.2	1088	259.7
KANAGAWA	613	342.0	1507	840.8
NIIGATA	194	103.0	89	47.3
TOYAMA	118	152.8	186	240.9
ISHIKAWA	80	109.8	126	173.0
FUKUI	116	204.5	141	248.6
YAMANASHI	49	77.7	40	63.4
NAGANO	160	99.5	168	104.5
GIFU	112	95.0	229	194.2
SHIZUOKA	191	102.6	269	144.5
AICHI	345	138.3	560	224.4
MIE	150	133.7	118	105.1
SHIGA	60	88.9	121	179.3
KYOTO	262	189.8	418	302.8
OSAKA	791	291.0	497	182.8
HYOGO	520	213.0	461	188.8
NARA	73	121.2	164	272.3
WAKAYAMA	120	158.3	201	265.2
TOTTORI	83	181.0	80	174.5
SHIMANE	44	63.0	38	54.4
OKAYAMA	183	143.4	232	181.8
HIROSHIMA	341	215.5	733	463.3
YAMAGUCHI	303	260.2	540	463.8
TOKUSHIMA	60	89.2	49	72.9
KAGAWA	75	103.8	95	131.5
EHIME	117	102.1	115	100.4
KOCHI	68	101.5	116	173.1
FUKUOKA	859	335.3	1603	625.7
SAGA	207	287.4	184	255.4
NAGASAKI	412	340.3	331	273.4
KUMAMOTO	122	88.3	167	120.9
OITA	194	201.4	296	307.2
MIYAZAKI	130	159.7	169	207.6
KAGOSHIMA	54	39.5	92	67.3
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*May 1950	9,890	159.4	13,520	217.9
**Apr 1950	13,284	171.3	17,032	219.6
*May 1949	16,810	271.0	15,098	243.4

See footnotes at end of table.



Weekly Report - 27 May 1950  
Continued

PREFECTURE	CHANCROID Cases		LYMPHOGRANULOMA VENEREUM Cases	
	Number	Rate	Number	Rate
HOKKAIDO	55	17.7	-	-
AOMORI	5	5.3	-	-
IWATE	1	1.0	-	-
MIYAGI	5	4.1	-	-
AKITA	4	4.0	1	1.0
YAMAGATA	9	8.6	-	-
FUKUSHIMA	9	5.7	-	-
IBARAKI	9	5.7	-	-
TOCHIGI	5	4.1	-	-
GUMMA	3	2.4	-	-
SAITAMA	13	7.9	-	-
CHIBA	11	6.6	-	-
TOKYO	100	23.9	6	1.4
KANAGAWA	114	63.6	1	0.6
NIIGATA	6	3.2	1	0.5
TOYAMA	14	18.1	-	-
ISHIKAWA	12	16.5	2	2.7
FUKUI	4	7.1	-	-
YAMANASHI	6	9.5	-	-
NAGANO	7	4.4	1	0.6
GIFU	36	30.5	1	0.8
SHIZUOKA	17	9.1	1	0.5
AICHI	31	12.4	-	-
MIE	17	15.1	1	0.9
SHIGA	20	29.6	1	1.5
KYOTO	53	38.4	-	-
OSAKA	90	33.1	3	1.1
HYOGO	56	22.9	1	0.4
NARA	31	51.5	-	-
WAKAYAMA	23	30.3	-	-
TOTTORI	8	17.4	1	2.2
SHIMANE	3	4.3	-	-
OKAYAMA	31	24.3	-	-
HIROSHIMA	51	32.2	2	1.3
YAMAGUCHI	14	12.0	-	-
TOKUSHIMA	2	3.0	-	-
KAGAWA	10	13.8	-	-
EHIME	15	13.1	-	-
KOCHI	6	9.0	-	-
FUKUOKA	148	57.8	1	0.4
SAGA	7	9.7	-	-
NAGASAKI	20	16.5	-	-
KUMAMOTO	9	6.5	-	-
OITA	11	11.4	-	-
MIYAZAKI	5	6.1	-	-
KAGOSHIMA	7	5.1	-	-
<hr/>				
*May 1950	1,113	17.9	24	0.4
**Apr 1950	1,564	20.2	59	0.8
*May 1949	1,798	29.0	48	0.8

See footnotes at end of table.

FOOTNOTES:

There were no cases or deaths reported for cholera or plague, and there were also no cases of yellow fever, anthrax, glanders, dengue fever, or tsutsugamushi disease.

The monthly reports refer to four and five week periods: one asterisk (\*) indicates a four week period and two asterisks (\*\*) a five week period.

Rates are the number of cases or deaths per 100,000 population per annum. Both the 1949 and 1950 rates are based upon the estimated population of July 1949.

A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.

A rate of 0.0 indicates that there were some cases or deaths about that the rate was less than 0.1.





MONTHLY SUMMARY OF VITAL STATISTICS IN JAPAN:  
MARCH 1950

The attached tables 1 and 2 summarize the vital events for Japan, total "shi" (cities having 30,000 or more population), total "gun" (areas with less than 30,000 population) and each prefecture for the month of March 1950. Rates for live births, deaths (all ages), marriages and divorces are the number of events per 1,000 population estimated as of 1 July 1949 and are worked on an annual basis. Rates for infant deaths and stillbirths are the number of events per 1,000 live births in March 1950.

Live Births: Live births numbered 217,517 currently compared with 221,819 last month. The live birth rate decreased 11 percent from 35.2 in February to 31.2 in March. The current rate was 13 percent below that (35.7) in the corresponding month of last year, 18 percent less than the rate (37.9) for March 1948 and 12 percent lower than the March median rate (35.6) for the 7 year period 1935-1941.

The birth rate for all "shi" combined (30.2) was 5 percent less than for all "gun" (31.7). Twenty-four prefectures had rates within plus or minus 10 percent of the national average. Ten prefectures had rates more than 10 percent above the national average, including Hokkaido and Aomori where the rates (43.0 and 42.6 respectively) were more than 35 percent greater. Twelve prefectural rates were more than 10 percent below the average. Wakayama Prefecture recorded the lowest birth rate (25.2), about 20 percent below the all Japan figure.

Deaths (all ages): During March there were 89,367 deaths compared with 81,742 in February. The death rates (per 1,000 population per annum) decreased 2 percent from 13.0 to 12.8. The current rate was the lowest recorded for March. It was only slightly lower than that (12.9) recorded for March last year, but was 4 percent less than the corresponding death rate (13.4) in 1948 and 30 percent below the March median rate (18.3) for the 7 year period 1935-1941.

The death rate for all "shi" combined was 11.7, thirteen percent less than the rate for all "gun" (13.4). Twenty-nine prefectural rates were within plus or minus 10 percent of the national average. Eleven were higher and 6 were lower.

Tokushima Prefecture had a rate (16.7) 30 percent greater and Aomori and Iwate Prefectures, rates (16.1 and 16.0 respectively) more than 20 percent greater than the national figure. Tokyo-to was credited with the lowest death rate (10.6), 17 percent below the all Japan average.

Deaths and death rates (per 100,000 population per annum) for the 10 leading causes of death are shown in table 3. These 10 causes accounted for a total of 61,278 deaths or 69 percent of all deaths in March. The death rate for tuberculosis (all forms) increased 5 percent from 159.7 in February to 167.3 in March. Lesser increases were recorded for diarrhea, enteritis and ulceration of intestines (all ages), heart diseases, and vascular lesions affecting the central nervous system. Rates for the other 6 causes decreased from the February level. Congenital debility decreased 13 percent from 50.2 to 43.7 and senility decreased 7 percent from 96.8 to 89.7. The remaining 4 causes (pneumonia; bronchitis; nephritis and nephrosis; and malignant neoplasms) recorded only minor decreases. Compared with March last year, the rates for 6 causes were currently higher and for 4 were lower. Vascular lesions affecting the central nervous system, nephritis and nephrosis, and pneumonia increased 9, 8 and 7 percent respectively, while the increases for malignant neoplasms, heart diseases, and bronchitis were less than 5 percent. The low death rate recorded for congenital debility (43.7) as compared with March 1949 (66.8) is probably due in part to the adoption in 1950 of the sixth revision of the international List of Cause of Death which has involved changes in the preferential weighting of various causes. The current rate for senility (89.7) was 8 percent below the corresponding rate (97.6) last year, while tuberculosis (all forms) and diarrhea, enteritis and ulceration of the intestines (all ages) decreased 5 and 3 percent respectively.

Infant Deaths: There were 16,676 infant deaths in March compared with 16,875 last month. The infant death rate (per 1,000 live births each month) rose slightly from 76.1 to 76.7. Currently the rate was approximately the same as that (76.3)



recorded in the same month last year and was 8 percent greater than the rate (71.3) for March 1948. However, the current rate was only about three-fourths of the March median rate (101.2) for the 5 year period 1938-1942.

The infant death rate for all "shi" combined (62.1) was 26 percent less than for all "gun" (84.0). Twenty prefectural rates were within plus or minus 10 percent of the national average. Fifteen were higher and 11 lower. Tokushima Prefecture had a rate (122.2) nearly 60 percent above the all Japan average and 3 additional prefectures (Iwate, 113.8; Toyama, 111.9; Aomori, 110.7) had infant death rates more than 40 percent greater. Three prefectures had rates more than 20 percent below the national figure including Tokyo-to with a rate (51.2) more than 30 percent below.

Deaths and death rates (per 1,000 live births each month) for the 10 leading causes of infant deaths in March are shown in table 4. Eighty-four percent of all infant deaths or a total of 14,080 deaths was attributed to these causes. Only 3 increases were recorded from the February level, 6 decreases and the rate for congenital malformations remained the same. The only notable change was an increase of 13 percent recorded for diarrhea, enteritis and ulceration of the intestines. Lesser increases were attributed to beriberi and sudden death, ill-defined and unknown causes. Whooping cough decreased 8 percent from 2.6 to 2.4 and the remaining 5 causes decreased from 1 to 4 percent. Compared with March 1949, rates were higher for 4 causes and lower for 6. Two causes (whooping cough and premature birth had current rates approximately 85 percent greater than those recorded in March last year. Pneumonia and congenital malformations increased by 12 and 5 percent respectively. Congenital debility, beriberi and other diseases peculiar to early infance decreased by 25, 17 and 13 percent respectively. Lesser decreases were recorded for the remaining 3 causes (bronchitis, sudden death, ill-defined and unknown causes; and diarrhea, enteritis and ulceration of the intestines. It is probable that a part of the changes from last year particularly as regards, premature birth, congenital debility and other diseases peculiar to early infancy should be attributed to the variation in preferential weighting of causes of death inherent in the change to the sixth revision of the International List.

Stillbirths: There were 19,913 stillbirths in March compared with 17,752 last month. The stillbirth rate (per 1,000 live births each month) increased 14 percent from 80.0 to 91.5. The current rate was 42 percent above the corresponding rate (64.3) last year, nearly 90 percent greater than that (48.3) for March 1948, and more than double the March median rate (43.7) for the 7 year period 1935-1941.

The stillbirth rate for all "shi" combined (130.3) was approximately 80 percent greater than for all "gun" (72.0). More than half (24) of the prefectures had rates within a range of plus or minus 10 percent of the national average, 10 had higher rates and 12 lower. Six prefectures had rates more than 20 percent above the all Japan figure, including Tottori where the rate (147.2) was more than 60 percent above. Ishikawa had a rate (66.2), nearly 30 percent below and three other prefectures had rates more than 20 percent below the national average.

Marriages: Marriages for March totalled 77,263 compared with 73,544 in February. The marriage rate (per 1,000 population per annum) decreased 5 percent from 11.7 to 11.1. The marriage rate was currently 14 percent below the corresponding rate (12.9) last year and 29 percent less than the March rate (15.7) in 1948, but was 8 percent greater than the March median rate (10.3) for the 7 year period 1932-1938.

The marriage rate was 10.0 for all "shi" combined and 11.6 for all "gun". Nearly three-fourths (33) of the prefectures had rates within plus or minus 10 percent of the national average. In 8 prefectures the rates were more than 10 percent above the average and in 5 prefectures they were as much below. Fukushima Prefecture had a rate (14.5) more than 30 percent, and Iwate (13.9), and Tottori (13.9) had rates more than 20 percent above the all Japan figure. The lowest prefectural rate (9.5) was recorded for Nagano and was 14 percent below the national average.

Divorces: There were 7,853 divorces during March compared with 6,885 last month. The divorce rate (1.1) remained the same. It was also 1.1 in March 1949

and 1948, but the March median rate for the 7 year period 1932-1938 was only 0.8.

The divorce rate was higher for all "shi" combined (1.3) than for all "gun" (1.0). Rates among the prefectures ranged from 0.7 in Ibaraki to 1.6 in Hiroshima. The rates for 7 prefectures were the same as the national average and in 23 they were higher and in 16 lower.





TABLE 1. - LIVE BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES AND DIVORCES BY PREFECTURE: JAPAN, MARCH 1950

Area	Live Birth	Death	*Infant Death	Stillbirth	Marriage	Divorce
All Japan	217,517	89,367	16,676	19,913	77,263	7,853
All "Shi"	72,900	28,164	4,527	9,502	24,168	3,165
All "Gun"	144,617	61,203	12,149	10,411	53,095	4,688
Aichi	7,509	3,371	632	872	3,008	282
Akita	4,528	1,646	407	390	1,484	169
Aomori	4,515	1,712	500	373	1,352	121
Chiba	5,503	2,655	440	387	1,985	149
Ehime	3,681	1,591	292	321	1,459	160
Fukui	2,412	886	194	180	725	75
Fukuoka	9,696	3,527	702	924	3,255	416
Fukushima	6,425	2,440	520	538	2,564	193
Gifu	3,919	1,728	313	391	1,336	127
Gumma	4,035	1,689	272	425	1,554	137
Hiroshima	4,865	2,022	333	355	1,847	277
Hokkaido	15,058	4,411	955	1,097	4,218	431
Hyogo	7,773	3,108	513	732	2,752	317
Ibaraki	5,418	2,596	509	507	2,123	118
Ishikawa	2,871	1,255	283	190	964	119
Iwate	4,304	1,800	490	433	1,568	125
Kagawa	2,217	1,040	202	198	930	121
Kagoshima	4,439	1,960	353	343	1,683	159
Kanagawa	6,025	2,201	332	456	1,983	180
Kochi	1,937	1,022	142	163	769	84
Kumamoto	4,763	1,918	295	377	1,795	195
Kyoto	4,057	1,671	233	424	1,512	180
Mie	3,349	1,668	348	320	1,438	117
Miyagi	4,884	1,755	364	480	1,712	124
Miyazaki	2,853	1,172	217	337	1,069	108
Nagano	4,730	2,308	298	588	1,718	156
Nagasaki	4,539	1,916	371	392	1,571	193
Nara	1,768	845	165	137	707	86
Niigata	7,901	2,928	475	737	2,304	249
Oita	3,284	1,631	306	327	1,226	142
Okayama	3,689	1,730	317	443	1,494	174
Osaka	8,941	3,360	597	1,035	3,099	413
Saga	2,490	1,076	234	225	966	83
Saitama	5,524	2,593	494	433	1,832	142
Shiga	2,116	1,020	171	198	978	61
Shimane	2,593	1,122	189	223	833	98
Shizuoka	5,888	2,654	496	578	2,138	191
Tochigi	4,361	1,959	339	333	1,692	150
Tokushima	2,225	1,262	272	243	874	72
Tokyo	13,977	4,996	715	1,136	4,595	529
Tottori	1,549	669	120	228	719	70
Toyama	2,922	1,313	327	248	1,007	100
Wakayama	2,146	982	161	185	888	111
Yamagata	4,059	1,638	351	400	1,403	131
Yamaguchi	3,863	1,604	278	418	1,344	156
Yamanashi	1,916	912	159	193	790	62

\* Deaths under 1 year of age.

Data refer to vital events of Japanese nationals in Japan.

Source: Monthly Vital Statistics Schedule Report, Ministry of Welfare.



TABLE 2 - 1/ LIVE BIRTHS, DEATH, INFANT DEATH, STILLBIRTH, MARRIAGE AND  
DIVORCE RATES BY PREFECTURE: JAPAN, MARCH 1950

Area	Live Birth Rates	Death Rates	Infant Death Rates	Stillbirth Rates	Marriage Rates	Divorce Rates
All Japan	31.2	12.8	76.7	91.5	11.1	1.1
All "Shi"	30.2	11.7	62.1	130.3	10.0	1.3
All "Gun"	31.7	13.4	84.0	72.0	11.6	1.0
Aichi	26.7	12.0	84.2	116.1	10.7	1.0
Akita	40.5	14.7	89.9	86.1	13.3	1.5
Aomori	42.6	16.1	110.7	82.6	12.8	1.1
Chiba	29.5	14.3	80.0	70.3	10.7	0.8
Ehime	28.6	12.3	79.3	87.2	11.3	1.2
Fukui	37.8	13.9	80.4	74.6	11.4	1.2
Fukuoka	33.6	12.2	72.4	95.3	11.3	1.4
Fukushima	36.4	13.8	80.9	83.7	14.5	1.1
Gifu	29.5	13.0	79.9	99.8	10.1	1.0
Gumma	28.8	12.1	67.4	105.3	11.1	1.0
Hiroshima	27.3	11.4	68.4	73.0	10.4	1.6
Hokkaido	43.0	12.6	63.4	72.9	12.1	1.2
Hyogo	28.3	11.3	66.0	94.2	10.1	1.2
Ibaraki	30.4	14.6	93.9	93.6	11.9	0.7
Ishikawa	35.0	15.3	98.6	66.2	11.8	1.5
Iwate	38.2	16.0	113.8	100.6	13.9	1.1
Kagawa	27.3	12.8	91.1	89.3	11.4	1.5
Kagoshima	28.9	12.7	79.5	77.3	10.9	1.0
Kanagawa	29.9	10.9	55.1	75.7	9.8	0.9
Kochi	25.7	13.6	73.3	84.2	10.2	1.1
Kumamoto	30.6	12.3	61.9	79.2	11.5	1.3
Kyoto	26.1	10.8	57.4	104.5	9.7	1.2
Mie	26.5	13.2	103.9	95.6	11.4	0.9
Miyagi	35.2	12.6	74.5	98.3	12.3	0.9
Miyazaki	31.1	12.8	76.1	118.1	11.7	1.2
Nagano	26.1	12.8	63.0	124.3	9.5	0.9
Nagasaki	33.3	14.1	81.7	86.4	11.5	1.4
Nara	26.1	12.5	93.3	77.5	10.4	1.3
Niigata	37.3	13.8	60.1	93.3	10.9	1.2
Oita	30.3	15.0	93.2	99.6	11.3	1.3
Okayama	25.7	12.0	85.9	120.1	10.4	1.2
Osaka	29.2	11.0	66.8	115.8	10.1	1.3
Saga	30.7	13.3	94.0	90.4	11.9	1.0
Saitama	29.8	14.0	89.4	78.4	9.9	0.8
Shiga	27.9	13.4	80.8	93.6	12.9	0.8
Shimane	33.0	14.3	72.9	86.0	10.6	1.2
Shizuoka	28.1	12.7	84.2	98.2	10.2	0.9
Tochigi	32.2	14.4	77.7	76.4	12.5	1.1
Tokushima	29.4	16.7	122.2	109.2	11.6	1.0
Tokyo	29.6	10.6	51.2	81.3	9.7	1.1
Tottori	30.0	13.0	77.5	147.2	13.9	1.4
Toyama	33.6	15.1	111.9	84.9	11.6	1.2
Wakayama	25.2	11.5	75.0	86.2	10.4	1.3
Yamagata	34.6	14.0	86.5	98.5	12.0	1.1
Yamaguchi	29.5	12.2	72.0	108.2	10.3	1.2
Yamanashi	27.0	12.9	83.0	100.7	11.1	0.9

1/ Birth, death, marriage and divorce rates are per 1,000 population estimated as of 1 July 1949 and are worked on an annual basis. Infant death and stillbirth rates are per 1,000 live births in the corresponding period. Data refer to vital events of Japanese nationals in Japan.

Sources: Rates were computed by Public Health & Welfare Section, GHQ, SCAP. Source of original data was Monthly Vital Statistics Schedule Report, Ministry of Welfare.



TABLE 3. - THE TEN LEADING CAUSES OF DEATH: JAPAN, MARCH 1950

List No.	Cause of Death	March 1950		Feb '50	Mar '49
		Number	Rate	Rate 1/	Rate
	Total of ten leading causes	61,278			
001-019	Tuberculosis (all forms)	11,682	167.3	159.7	175.9
330-334	Vascular lesions affecting central nervous system	10,712	153.4	152.1	140.5
490-493, 763	Pneumonia	7,748	111.0	115.5	104.2
794, 304	Senility	6,264	89.7	96.8	97.6
410-443	Heart diseases	5,295	75.8	74.5	74.9
140-200, 202, 203, 205	Malignant neoplasms (cancer, etc)	4,947	70.9	71.5	67.9
571, 572, 578.0, 578.1, 764, 785b	Diarrhea, enteritis and ulceration of intestines (all ages)	4,595	65.8	63.0	68.1
590-594, 446, 789.0, 789.1, 792	Nephritis and nephrosis	3,578	51.3	51.6	47.7
500-502, 526	Bronchitis	3,405	48.8	50.1	48.3
772.0, 773.0	Congenital debility	3,052	43.7	50.2	66.8

## Footnotes:

- 1/ Changes were made in inclusions within categories to provide greater comparability between 1949 data tabulated by the fifth revision of the International List and 1950 data tabulated by the sixth revision. This has involved recalculation of rates for January and February 1950 from those previously published.

Rates are per 100,000 population (estimated as of 1 July 1949) and are worked on an annual basis.

## Sources:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP. Source of original data was Monthly Vital Statistics Schedule Reports, Ministry of Welfare.



TABLE 4. - THE TEN LEADING CAUSES OF INFANT DEATHS: JAPAN, MARCH 1950

List No.	Cause of Death	March 1950		Feb '50	Mar '49
		Number	Rate	Rate 1/	Rate
	Total of ten leading causes	14,080			
490-493, 763	Pneumonia	3,563	16.4	16.5	14.6
772.0, 773.0	Congenital debility	3,052	14.0	14.3	18.7
2/	Premature birth	2,190	10.1	10.2	5.5
571, 572, 578.0, 764	Diarrhea, enteritis and Ulceration of intestines	1,692	7.8	6.9	8.3
500-502, 526	Bronchitis	1,100	5.1	5.3	5.6
3/	Other diseases peculiar to early infancy	857	3.9	4.0	4.5
056	Whooping cough	520	2.4	2.6	1.3
750-759	Congenital malformations	503	2.3	2.3	2.2
280	Beriberi	337	1.5	1.4	1.8
	Sudden death, ill-defined and unknown causes	266	1.2	1.1	1.3

## Footnotes:

- 1/ Changes were made in inclusions within categories to provide greater comparability between 1949 data tabulated by the fifth revision of the International List and 1950 data tabulated by the sixth revision. This has involved recalculation of rates for January and February 1950 from those previously published.
- 2/ Premature birth includes International Code numbers: 773.5, 776.0, 762.5, 766.5, 767.5, 768.5, 769.5-769.9, 770.5-770.7, 771.5 and 772.5.
- 3/ Other diseases peculiar to early infancy includes International Code numbers: 762.0, 766.0, 767.0, 768.0, 769.0-769.4, 770.0-770.2, 771.0 and 773.1.

Rates are per 1,000 live births in the corresponding period.

## Sources:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP. Source of original data was Monthly Vital Statistics Schedule Report, Ministry of Welfare.